

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493316009107

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury  
Internal Revenue Service

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

MONTEFIORE MEDICAL CENTER

% EVAN RESNICK

Doing business as

Number and street (or P O box if mail is not delivered to street address)

111 EAST 210TH STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

BRONX, NY 104672401

F Name and address of principal officer

STEVEN SAFYER MD

111 EAST 210TH STREET

BRONX, NY 104672401

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

www.montefiore.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1884

M State of legal domicile

NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO HEAL, TO TEACH, TO DISCOVER AND TO ADVANCE THE HEALTH OF THE COMMUNITIES WE SERVE

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶4,372,061

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including attachments and all information furnished and required to be furnished, and I declare that this return, including attachments and all information furnished and required to be furnished, is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

COLLEEN M BLYE EXEC V P & C F O

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

CHRISTOPHER B BOGGS

Preparer's signature

CHRISTOPHER B BOGGS

Firm's name ▶ ERNST & YOUNG US LLP

Firm's address ▶ 5 TIMES SQUARE

NEW YORK, NY 100366527

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission

MISSION TO HEAL, TO TEACH, TO DISCOVER AND TO ADVANCE THE HEALTH OF THE COMMUNITIES WE SERVE VISION TO BE A PREMIER ACADEMIC MEDICAL CENTER THAT TRANSFORMS HEALTH AND ENRICHES LIVE VALUES HUMANITY, INNOVATION, TEAMWORK, DIVERSITY AND EQUITY - OUR VALUES DEFINE OUR PHILOSOPHY OF CARE THEY SHAPE OUR ACTIONS AND MOTIVATE AND INSPIRE US TO PURSUE EXCELLENCE AND ACHIEVE OUR GOALS SINCE 1884, MONTEFIORE HAS CARED FOR THE CHRONICALLY ILL AND HAS MADE IT A PRIORITY TO IMPROVE THE QUALITY OF LIFE FOR UNDERSERVED POPULATIONS THIS FOUNDING BELIEF IS THE CORNERSTONE OF OUR MISSION, VISION AND VALUES MONTEFIORE'S MISSION IS ROOTED IN OUR ENDURING COMMITMENT TO PROVIDE ONE STANDARD OF EXCELLENT CARE TO ALL PATIENTS - REGARDLESS OF THEIR BACKGROUNDS OR ABILITY TO PAY MONTEFIORE, THE UNIVERSITY HOSPITAL FOR ALBERT EINSTEIN COLLEGE OF MEDICINE, COMBINES NATIONALLY-RENOWNED CLINICAL AND RESEARCH EXPERTISE WITH COMPASSIONATE, PATIENT-CENTERED CARE BUILDING UPON OUR RICH HISTORY OF INNOVATION A

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<b>4a</b>	(Code )	(Expenses \$	2,778,791,476	including grants of \$	105,737 )	(Revenue \$	3,250,271,253 )
-----------	---------	--------------	---------------	------------------------	-----------	-------------	-----------------

See Additional Data

<b>4b</b>	(Code )	(Expenses \$	359,417,270	including grants of \$	1,015,974 )	(Revenue \$	221,073,104 )
-----------	---------	--------------	-------------	------------------------	-------------	-------------	---------------

See Additional Data

<b>4c</b>	(Code )	(Expenses \$	96,967,884	including grants of \$	793,695 )	(Revenue \$	972 )
-----------	---------	--------------	------------	------------------------	-----------	-------------	-------

See Additional Data

**4d** Other program services (Describe in Schedule O )

(Expenses \$	including grants of \$	(Revenue \$
--------------	------------------------	-------------

<b>4e</b>	<b>Total program service expenses</b>	3,235,176,630
-----------	---------------------------------------	---------------

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b> Yes	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b> Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b> Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b> Yes	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b> Yes	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b> Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b> Yes	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	No
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	No
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	No
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b> Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b> Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b> Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b> Yes	
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b>	707
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	22,780
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	Yes
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	Yes
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	Yes
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O . . . . .	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	44	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	43	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	Yes	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official		No
<b>b</b>	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: NY

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 ▶EVAN RESNICK 555 SOUTH BROADWAY BLDG A FL 1 Tarrytown, NY 105916301 (914) 349-8455

Check if Schedule O contains a response or note to any line in this Part VII ☐

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2016)

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

<b>1b Sub-Total</b> . . . . .	▶			
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .	▶			
<b>d Total (add lines 1b and 1c)</b> . . . . .	▶	9,505,085	13,186,738	2,266,204

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 4,904

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b> Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Epic Systems Corporation, PO Box 88314 MILWAUKEE, WI 532880314	IT Clinical/Bill Sys	21,269,084
Optimum Healthcare IT LLC, PO Box 741383 ATLANTA, GA 303841383	IT Consulting	16,982,846
Fastaff Inc, PO Box 911452 DENVER, CO 802911452	Temporary Nurses	16,305,411
Cross Country Staffing Inc, PO Box 404674 ATLANTA, GA 30384	Temporary Nurses	15,218,246
Quest Diag Nichols Institute Inc, 12436 Collection Center Drive CHICAGO, IL 606932436	Outside lab services	5,835,861

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 329



Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	412,565				
	b	Membership dues . . .	1b					
	c	Fundraising events . . .	1c	2,309,826				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	45,918,442				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	28,440,086				
	g	Noncash contributions included in lines 1a-1f \$		4,703,752				
	h	Total. Add lines 1a-1f . . . . .		77,080,919				
Program Service Revenue			Business Code					
	2a	INPATIENT SERVICES	623000	2,037,149,892	2,037,149,892			
	b	OUTPATIENT SVCS EXCLUDING HOME HEALTH	621400	1,239,601,330	1,237,991,781	1,609,549		
	c	CONTRACT MANAGEMENT ORGANIZATION SERV	621999	65,500,863	41,007,715	24,493,148		
	d	HOME HEALTH CARE SERVICES	621610	26,577,974	26,577,974			
	e	EQUITY EARNINGS ON PROGRAM INVESTMENTS	523999	24,782,287	24,197,607	584,680		
	f	All other program service revenue		77,732,983	77,732,983			
	g	Total. Add lines 2a-2f . . . . .		3,471,345,329				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		14,328,539		88,322	14,240,217	
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties . . . . .		0				
	6a	Gross rents	(i) Real	(ii) Personal				
			3,442,983					
		b	Less rental expenses	3,514,628				
		c	Rental income or (loss)	-71,645	0			
	d	Net rental income or (loss) . . . . .			-71,645			-71,645
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			4,569,190	651,498				
		b	Less cost or other basis and sales expenses		118,152			
		c	Gain or (loss)	4,569,190	533,346			
	d	Net gain or (loss) . . . . .			5,102,536	-20		4,569,210
	8a	Gross income from fundraising events (not including \$ 2,309,826 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	968,635				
		b	Less direct expenses . . . . .	b	1,603,258			
		c	Net income or (loss) from fundraising events . . . . .			-634,623		
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a	13,800				
		b	Less direct expenses . . . . .	b	0			
		c	Net income or (loss) from gaming activities . . . . .			13,800		
	10a	Gross sales of inventory, less returns and allowances . . . . .	a	0				
b		Less cost of goods sold . . . . .	b	0				
c		Net income or (loss) from sales of inventory . . . . .			0			
Miscellaneous Revenue		Business Code						
11a	CAFETERIA & VENDING INCOME	722514	6,346,115				6,346,115	
b	PARKING INCOME	812930	6,279,352				6,279,352	
c	SUBPOENA INCOME	900099	631,689				631,689	
d	All other revenue . . . . .		2,833,090				2,833,090	
e	Total. Add lines 11a-11d . . . . .		16,090,246					
12	Total revenue. See Instructions . . . . .		3,583,255,101	3,444,657,952	26,775,679		34,207,205	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,148,734	2,148,734		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0	0		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	105,737	105,737		
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	0			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	1,708,927,634	1,573,826,166	132,956,946	2,144,522
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	136,675,760	126,935,684	9,572,484	167,592
<b>9</b> Other employee benefits.	283,094,239	257,519,411	25,227,698	347,130
<b>10</b> Payroll taxes.	116,020,283	107,333,151	8,544,868	142,264
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	682,471	110,629	571,842	0
<b>b</b> Legal.	11,711,066	3,803,909	7,907,157	
<b>c</b> Accounting.	1,565,864		1,565,864	
<b>d</b> Lobbying.	909,911	909,911		
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	2,109,348		2,109,348	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	159,816,071	117,028,226	42,364,368	423,477
<b>12</b> Advertising and promotion.	10,012,804	457,763	9,555,041	
<b>13</b> Office expenses.	155,119,864	133,788,942	21,037,442	293,480
<b>14</b> Information technology.	66,183,025	38,195,123	27,911,448	76,454
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	127,635,063	121,385,919	6,135,133	114,011
<b>17</b> Travel.	11,213,895	9,264,941	1,850,473	98,481
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	4,900,816	4,555,859	336,542	8,415
<b>20</b> Interest.	12,580,597	12,580,597		
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	143,587,739	132,290,287	11,297,452	
<b>23</b> Insurance.	100,686,104	99,026,679	1,659,425	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES	447,125,760	447,125,382	378	0
<b>b</b> MEMBERSHIP DUES	41,060,984	29,724,965	10,865,062	470,957
<b>c</b> CONTINUING MEDICAL EDUCATION	12,466,651	12,466,651	0	0
<b>d</b> BILLING & COLLECTIONS	7,510,996	0	7,510,996	0
<b>e</b> All other expenses	4,873,027	4,591,964	195,785	85,278
<b>25</b> Total functional expenses. Add lines 1 through 24e.	3,568,724,443	3,235,176,630	329,175,752	4,372,061
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0	0	0	0

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		100,121	<b>1</b>	106,291
	<b>2</b>	Savings and temporary cash investments . . . . .		280,602,002	<b>2</b>	194,727,919
	<b>3</b>	Pledges and grants receivable, net . . . . .		18,281,236	<b>3</b>	22,253,619
	<b>4</b>	Accounts receivable, net . . . . .		229,454,410	<b>4</b>	249,690,498
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	<b>5</b>	0
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		127,046,563	<b>7</b>	133,360,297
	<b>8</b>	Inventories for sale or use . . . . .		28,101,910	<b>8</b>	31,116,048
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		17,370,613	<b>9</b>	19,521,904
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	<b>10a</b> 2,860,499,537			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b> 1,823,803,118	1,072,543,924	<b>10c</b>	1,036,696,419
	<b>11</b>	Investments—publicly traded securities . . . . .		695,689,804	<b>11</b>	603,869,361
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		260,086,248	<b>12</b>	378,320,171
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		2,273,416	<b>13</b>	2,950,494
	<b>14</b>	Intangible assets . . . . .		6,108,882	<b>14</b>	7,037,964
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		540,756,551	<b>15</b>	533,145,291
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		3,278,415,680	<b>16</b>	3,212,796,276	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		487,707,366	<b>17</b>	516,674,902
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		63,468,251	<b>19</b>	70,130,241
	<b>20</b>	Tax-exempt bond liabilities . . . . .		669,853,762	<b>20</b>	630,751,697
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D.		159,818	<b>21</b>	163,432
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		101,885,745	<b>23</b>	100,693,238
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		1,102,551,193	<b>25</b>	1,071,175,908
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		2,425,626,135	<b>26</b>	2,389,589,418
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets		746,891,479	<b>27</b>	720,392,510
	<b>28</b>	Temporarily restricted net assets . . . . .		74,507,961	<b>28</b>	76,389,606
	<b>29</b>	Permanently restricted net assets		31,390,105	<b>29</b>	26,424,742
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		852,789,545	<b>33</b>	823,206,858	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		3,278,415,680	<b>34</b>	3,212,796,276	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,583,255,101
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,568,724,443
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	14,530,658
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	852,789,545
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	9,072,643
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-53,185,988
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	823,206,858

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

**Software ID:**  
**Software Version:**  
**EIN:** 13-1740114  
**Name:** MONTEFIORE MEDICAL CENTER

Form 990 (2016)

---

**Form 990, Part III, Line 4a:**

Patient Care Established in 1884 as a hospital for patients with chronic illnesses, Montefiore is a full-service integrated healthcare delivery system serving a large and complex urban population, a distinguished academic medical center with renowned faculty, an innovative research center pioneering scientific breakthroughs and medical "firsts" an exceptionally dedicated community partner with an unparalleled roster of innovative programs and services that address needs ranging far beyond medical care. Montefiore's mission is to heal, to teach, to discover and to advance the health of the communities it serves. To this mission Montefiore brings a unique synergy of strengths and resources. The Montefiore delivery system offers a full range of healthcare services (preventive, primary, specialty, acute and post acute) to the nearly 2 million residents of the Bronx, New York and nearby Westchester County. Montefiore also serves as a tertiary care referral center for patients across the metropolitan area, the nation and the world, and is known for advanced care in numerous specialties, including cardiology and cardiac surgery, cancer care, children's health, tissue and organ transplantation, women's health, surgery and surgical subspecialties. Montefiore combines its deep commitment to the community with nationally-renowned expertise to reach people at convenient locations. Through the Montefiore School Health Program (the largest and most comprehensive school-based health program in the country), Primary Care at Home programs, mobile medical and dental health vans and health education initiatives, Montefiore provides primary care services in non-traditional settings. Montefiore is increasingly recognized for success in delivering high-quality care to a large urban community, harnessing the power of health information technology and using care management tools to improve quality, safety and outcomes while controlling costs. To help patients, especially those with chronic diseases, achieve a better quality of life and reduced hospitalizations, Montefiore goes beyond the fragmented fee-for-service payment system, assuming total responsibility for the quality and costs of care for some of its sickest patients. Through the Montefiore IPA, Inc. (MIPA), The Care Management Company, LLC (CMO) and Bronx Accountable Healthcare Network IPA, Inc., dba Montefiore Accountable Care Organization IPA (ACO), a global prepayment strategy is used to manage care over the continuum, including hospital care, rehabilitation, outpatient care, professional services, remote patient monitoring and other programs. The CMO and ACO takes a proactive approach to care management by developing strategies that help improve integrated, accountable and affordable care throughout the health system with the objective of reducing expensive hospital based care. Our approach to care management stresses the importance of early identification of patients at risk working with a collaborative, interdisciplinary team to develop and oversee individualized care plans and promote patient self-monitoring and education. Our strategy emphasizes the interaction and communication among patients, healthcare providers, case managers, mental health agencies and other allied health professionals along with programs provided to reinforce health education, promote compliance with treatment and preventative care guidelines, monitor health status, and promote timely intervention when needed. Our Care Management Programs are developed to anticipate an individual's healthcare needs, to provide and coordinate the scope of necessary health services and to involve the patient in establishing goals and individual care plans. At the center of the Medical system are five hospitals with a total of 1,536 beds that provide over 94,000 inpatient discharges annually, including over 5,300 births and multiple ambulatory services. - The 658 bed Henry and Lucy Moses Division, - the 421 bed Jack D. Weiler Hospital of Albert Einstein College of Medicine, - the 136 bed Children's Hospital at Montefiore, recognized as one of "America's Best Children's Hospitals" in U.S. News & World Report's rankings, - the 321 bed Wakefield Division (formerly the North Division renamed to reflect its anchor role in the community), - Montefiore Westchester Square (The former New York Westchester Square Hospital) operating as a Free standing Emergency Department and Ambulatory Surgery Facility, - The Montefiore Hutchinson Campus - The innovative "hospital without beds" providing world-class treatment with the latest technology and the best of multidisciplinary approach to care, enabling patients to be treated effectively and safely without being hospitalized. Montefiore also operates extensive ambulatory care services connected by a robust health information technology system through a network of more than 150 locations - from community-based ambulatory care centers to school-based health centers to mobile clinics. - Montefiore's Emergency Departments, among the busiest in the nation, treats more than 328,000 patients annually, - The hospital based clinics provides over 346,000 visits a year, - The Physician practices provides more than 1.1 million office visits annually, - Montefiore Medical Group, a network with over 350 primary care physicians at 21 community based locations throughout the Bronx and Westchester, provides over 788,000 visits a year, - Montefiore Home Care Program provides over 191,000 visits each year to homebound patients, - The Montefiore School Health Program, the largest in the nation, with 23 school-based health centers serves more than 25,000 children annually, - The Montefiore Substance Abuse and Treatment Program operating 11 site substance abuse treatment program offers drug treatment and rehabilitation services and comprehensive primary care to a population of 4,500 recovering abusers in communities across the Bronx, - Targeted outreach services to at-risk populations including programs serving the homeless and victims of domestic violence, mothers at risk of premature birth, as well as services to homebound and/or fragile seniors in community-based settings throughout the Bronx. At the intersection of Albert Einstein College of Medicine and Montefiore are Centers of Excellence in Cancer Care, Cardiovascular services, the Children's hospital, transplantation and neurosciences. In these centers, renowned investigators and multidisciplinary clinical teams collaborate to develop and deliver the advanced, innovative care available only at premier academic medical centers and the seamless continuum of services that ensures an ideal patient experience. Montefiore Medical Center is guided by a mission to provide high quality care for all its patients, including those in our service area who lack health insurance coverage and who cannot pay for all or part of the essential care they receive. The Medical Center is committed to maintaining charity care policies that are consistent with its mission and values of advancing the health of the communities that it serves in providing one standard of excellent care to all patients regardless of their background or ability to pay. For more than 100 years, Montefiore has been a leader in innovations, new treatments, new procedures and new approaches to patient care that has produced stellar outcomes and helped to raise the bar for medical centers in the region and nationally. As Montefiore builds on this momentum and these accomplishments, we continue to strive to advance the practice of medicine and set the standards for excellence.

---

## **Form 990, Part III, Line 4b:**

Medical Education & Research Medical Education Montefiore is the University Hospital for Albert Einstein College of Medicine, one of the nation's premier institutions for medical education, basic research and clinical investigations. This strong alignment enables Montefiore to advance clinical and translational research results more rapidly to the bedside and to the medical community, and educate the next generation of physicians, healthcare leaders and investigators. In place are extensive training programs for medical students, residents and fellows. Annually, over 1,400 residents and fellows are trained in more than 150 accredited residency and fellowship programs making Montefiore the second largest residency program in the country. Montefiore and Einstein's partnership provides residents and fellows with an exceptional environment for research training and participation in basic, translational and clinical activities. Montefiore provides the doctors of tomorrow a unique opportunity for education and training in one of the most diverse urban areas in the country caring for a global population where the disease burden is high and the need for quality care is great. Montefiore is dedicated to cultivating the ethical and professional development of all of its trainees. Montefiore's physicians are at the forefront of their fields, actively mentoring and cultivating a new generation of physicians and scientists committed to our mission and values of advancing the front line of health and leading the way in twenty-first century medicine and patient care. Montefiore training experience - clinically advanced and grounded in our organizational values of humanity, innovation, teamwork and equity - extends to all disciplines. In 2016, over 1,600 undergraduate and graduate nursing staff trained at Montefiore as did hundreds of social workers, nutritionists and pharmacists. Montefiore training also extends beyond the graduate level. The Center for Continuing Medical Education (CCME) at Montefiore Medical Center and Albert Einstein College of Medicine, founded in 1976, is accredited by the Accreditation Council for Continuing Medical Education (ACCME). The Center has provided hundreds of CME activities and CME credits to thousands of practitioners. Recognizing the vital importance of developing and embracing innovative techniques and treatments, Montefiore is committed to the utilization of resources for the advancement of physicians' education and delivery of care. Research Montefiore's large biomedical and clinical research initiatives include inquiry into a range of medical and health care delivery issues, including basic research into the fundamental process of disease and its treatment in humans, clinical trials and related clinical research and research into the organization and management of health care services. Montefiore is among 60 academic medical centers nationwide to be awarded the Prestigious clinical and translational science award (CTSA) by the National Institutes of Health (NIH). The National Institutes of Health, along with other Federal, State and other funding, supports research in such areas as Aids, Oncology, Pediatrics, Anesthesiology, Emergency Medicine, Neurology, Pathology, Social Medicine and other clinical programs. Montefiore and Einstein are aligned around shared goals, with special emphasis on advancing clinical and translational research to accelerate the pace at which new discoveries become the treatments and therapies of today. Since 1963, Montefiore has served as the University Hospital of Einstein, a powerful collaboration between two of the nation's pre-eminent medical institutions that fosters the creation of knowledge by attracting world-renowned leaders in their fields and promoting opportunities for basic translational and clinical research. This bond was strengthen further by the September 9, 2015 agreement with Yeshiva University where Montefiore assumed operational and financial control of the Albert Einstein College of Medicine. Recently, Montefiore and Einstein have successfully collaborated to secure a National Institute of Health funded \$22.5 million clinical and translational Science award to create a research infrastructure to support and promote clinical and translational research. Montefiore researchers are currently involved in more than 400 clinical trials and research studies, helping to translate scientific breakthroughs into cutting edge diagnostics and innovative treatments.

---

## **Form 990, Part III, Line 4c:**

Community Services Services to the community are an explicit and essential component of Montefiore's mission and one of its most valued traditions. The Medical Center has a long history of reaching beyond the walls of its hospitals to identify and meet the needs of its community and has been a national leader in organizing and expanding community-based services. Montefiore's commitment to the community has required a multifaceted, continually evolving response, in which the unique capacities of the academic medical center are mobilized to improve the lives of the people and the communities served-not just medically, but socially, economically and environmentally, wherever and whenever resources can make a difference. The Medical Center has maintained and expanded its range of community services, reaching out to and serving unmet health needs, including those with poor access to comprehensive primary care, at-risk and hard to reach children and their families, underserved and at-risk senior citizens, those affected by cancer, those affected by the continuing HIV epidemic in the Bronx, persons with or at-risk for tuberculosis infection, persons affected with problems of substance abuse, the homeless, adults and children with limited access to primary dental care and those affected by chronic health care diseases such as congestive heart failure, diabetes and asthma. Embracing its social responsibility to the community, Montefiore is nationally known as a pioneer in programs that are tailored to the specific needs of the community. Montefiore has been in the vanguard of intervention to combat such conditions as HIV disease, tuberculosis and lead poisoning prevention. Montefiore has sharpened the focus on such issues as childhood obesity, diabetes, improving community access to fresh, healthy foods at green markets and reducing healthcare disparities. Montefiore is aligning components of the delivery system to help improve public outcomes and building behavioral and population-based research to identify best practices. The community served by Montefiore, by several measures, faces many challenges. It is ranked the poorest urban county in the country, leads the nation in rates of diabetes and obesity and other chronic conditions and leads New York City in a host of significant markers: people in "fair or poor health", low birth weight, teen pregnancy, children in poverty, disabled individuals and families living below the poverty line. Montefiore is continuously working to help the community maintain a sense of security and economic stability, as well as to improve such quality-of-life fundamentals as education and affordable housing. Montefiore seeks to advance life in the Bronx beyond the traditional bounds of healthcare, by leading development efforts, promoting safe and productive neighborhoods and taking a leadership role in community business development. Montefiore is an advocate and partner with our neighbors in the Bronx, helping to sustain the community that sustains us.

---

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ODED ABOODI ..... vice chairman & Treasurer	0 75 ..... 1 75	X						0	0	0
JAY B ABRAMSON ..... TRUSTEE	0 75 ..... 1 75	X						0	0	0
MARGARET HAYES ADAME ..... TRUSTEE	0 5 ..... 1 5	X						0	0	0
GEORGE ASCH ..... TRUSTEE	0 5 ..... 1 0	X						0	0	0
JOSEPH W BARTLETT ..... TRUSTEE	0 5 ..... 1 0	X						0	0	0
PATRICIA BAUMAN ..... TRUSTEE	0 5 ..... 1 0	X						0	0	0
JAMES M BUTLER ..... TRUSTEE	0 75 ..... 2 25	X						0	0	0
GEORGE CAMPBELL JRPHD ..... TRUSTEE (Emeritus 6/14/16)	0 5 ..... 1 0	X						0	0	0
BRUCE DONIGER ..... TRUSTEE	0 5 ..... 1 0	X						0	0	0
RUTH L GOTTESMAN EdD ..... TRUSTEE	0 5 ..... 1 5	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARRY W GRAY ..... TRUSTEE	0 5 ..... 1 0	X						0	0	0
PATRICIA GREEN ..... TRUSTEE	0 5 ..... 1 0	X						0	0	0
THOMAS L HARRISON ..... TRUSTEE	0 5 ..... 1 0	X						0	0	0
JOHN HEFFER ..... TRUSTEE	0 75 ..... 1 75	X						0	0	0
LEWIS HENKIND ..... SECRETARY	0 75 ..... 1 75	X						0	0	0
HELEN A JOHNSON ..... TRUSTEE	0 75 ..... 1 75	X						0	0	0
DAVID B KEIDAN ..... TRUSTEE	0 5 ..... 1 0	X						0	0	0
ALAN M KLEIN ..... TRUSTEE	1 0 ..... 2 5	X						0	0	0
STACEY R LANE ..... TRUSTEE	0 75 ..... 1 75	X						0	0	0
JAY B LANGNER ..... TRUSTEE/CHAIRMAN EMERITUS	0 5 ..... 1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARGARET S NATHAN ..... TRUSTEE	0 5 ..... 1 0	X						0	0	0
PETER J NEUFELD ..... TRUSTEE	0 5 ..... 1 0	X						0	0	0
GAYLE F ROBINSON ..... TRUSTEE	0 5 ..... 1 0	X						0	0	0
JON W ROTENSTREICH ..... TRUSTEE	0 5 ..... 1 0	X						0	0	0
HON FELICE K SHEA ..... TRUSTEE	0 5 ..... 1 0	X						0	0	0
EDWIN H STERN III ..... TRUSTEE	0 5 ..... 1 0	X						0	0	0
DAVID A TANNER ..... CHAIRMAN	4 0 ..... 4 25	X						0	0	0
CYNTHIA KING VANCE ..... TRUSTEE	0 75 ..... 1 75	X						0	0	0
JIDE J ZEITLIN ..... TRUSTEE	0 5 ..... 1 0	X						0	0	0
JENNIE EMIL ..... TRUSTEE	0 5 ..... 1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
JONATHAN A LIPTON ..... Trustee	0 5 ..... 1 0	X						0	0	0		
ZITA G ROSENTHAL ..... Trustee	0 5 ..... 1 0	X						0	0	0		
Gregg S Hymowitz ..... Trustee	0 5 ..... 1 0	X						0	0	0		
Nathan Gantcher ..... Trustee	0 5 ..... 1 5	X						0	0	0		
Catherine Klema ..... Trustee	0 5 ..... 1 0	X						0	0	0		
Melissa Ceriale ..... Trustee	1 0 ..... 2 5	X						0	0	0		
Mark Mlotek ..... Trustee (resigned 6/14/16)	0 5 ..... 1 0	X						0	0	0		
BARRY S BLATTMAN ..... TRUSTEE	0 5 ..... 1 0	X						0	0	0		
MARK E BROSSMAN ..... Trustee	0 5 ..... 1 0	X						0	0	0		
MATTHEW H NORD ..... TRUSTEE	0 5 ..... 1 0	X						0	0	0		

[illegible]

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL A STOCKER MD ..... TRUSTEE	0 75 ..... 2 25	X						0	0	0
ROGER EINIGER ..... TRUSTEE	0 5 ..... 1 5	X						0	0	0
JOEL BRAUN ..... TRUSTEE (ELECTED 10/18/16)	0 5 ..... 1 0	X						0	0	0
EMANUEL CHIRRICO ..... TRUSTEE (ELECTED 10/18/16)	0 5 ..... 1 0	X						0	0	0
W NORMAN MILNER ..... TRUSTEE (ELECTED 2/9/16)	0 5 ..... 1 0	X						0	0	0
STEVEN SAFYER MD ..... PRESIDENT & CEO/EX-OFFICIO	27 5 ..... 32 5	X		X				0	4,327,957	51,831
JOEL PERLMAN ..... EXEC VP & CFO(resigned 1-6-16)	27 4 ..... 32 6			X				0	1,454,254	51,654
Christopher Panczner ..... Senior VP & General Counsel	24 7 ..... 35 3			X				0	1,041,654	187,726
PHILIP O OZUAH MD PHD ..... Executive VP & COO	26 3 ..... 33 7			X				0	2,492,636	538,092
COLLEEN M BLYE ..... Exec VP & CFO (elected 1/6/16)	27 8 ..... 32 2			X				0	1,313,840	429,032

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors									
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
SUSAN GREEN-LORENZEN RN ..... System Senior VP-OPERations	27 0 ..... 33 0				X			0	1,163,388  366,879
Lynn Richmond ..... Executive Vice President	26 3 ..... 33 7				X			0	1,393,009  420,068
ROBERT MICHLER MD ..... CHAIR-Surg/Cardiothoracic Surg	60 0 ..... 0 0					X		3,361,209	0  51,899
RICHARD KRAUT DDS ..... CHAIRMAN-DENTISTRY	60 0 ..... 0 0					X		1,874,323	0  49,104
Shalom Kalnicki MD ..... Chairman-Radiation Oncology	60 0 ..... 0 0					X		1,455,521	0  51,281
Joseph De Rose MD ..... Dir Min Invasive/Robotic Surg	60 0 ..... 0 0					X		1,553,925	0  49,088
Daniel Goldstein MD ..... Vice Chair-Cardiothoracic Surg	60 0 ..... 0 0					X		1,260,107	0  19,550

<b>SCHEDULE A</b> (Form 990 or 990-EZ)	<b>Public Charity Status and Public Support</b> Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .	OMB No 1545-0047 <b>2016</b> <b>Open to Public Inspection</b>
	Department of the Treasury Internal Revenue Service Name of the organization MONTEFIORE MEDICAL CENTER	Employer identification number 13-1740114

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s) \_\_\_\_\_

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II**

**Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	71,529,428	85,320,101	82,104,450	81,313,923	76,668,354	396,936,256
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	<b>Total.</b> Add lines 1 through 3	71,529,428	85,320,101	82,104,450	81,313,923	76,668,354	396,936,256
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6	<b>Public support.</b> Subtract line 5 from line 4						396,936,256

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	71,529,428	85,320,101	82,104,450	81,313,923	76,668,354	396,936,256
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,976,403	22,369,547	25,296,485	22,605,763	17,759,729	110,007,927
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	18,030,378	9,367,064	12,589,698	15,177,914	16,090,246	71,255,300
11	<b>Total support.</b> Add lines 7 through 10						578,199,483
12	Gross receipts from related activities, etc. (see instructions)					12	15,501,179,852
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage		
<b>14</b>	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b> 68.650 %
<b>15</b>	Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b> 70.719 %
<b>16a</b>	<b>33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>	
<b>b</b>	<b>33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
<b>17a</b>	<b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
<b>b</b>	<b>10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity ( <b>see instructions</b> ).		
<b>2</b> Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

☐

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970

See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

1

Net short-term capital gain

2

Recoveries of prior-year distributions

3

Other gross income (see instructions)

4

Add lines 1 through 3

5

Depreciation and depletion

6

Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)

7

Other expenses (see instructions)

8

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

(A) Prior Year

(B) Current Year (optional)

Section B - Minimum Asset Amount

1

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)

a

Average monthly value of securities

b

Average monthly cash balances

c

Fair market value of other non-exempt-use assets

d

Total (add lines 1a, 1b, and 1c)

e

Discount claimed for blockage or other factors (explain in detail in Part VI)

2

Acquisition indebtedness applicable to non-exempt use assets

3

Subtract line 2 from line 1d

4

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)

5

Net value of non-exempt-use assets (subtract line 4 from line 3)

6

Multiply line 5 by .035

7

Recoveries of prior-year distributions

8

Minimum Asset Amount (add line 7 to line 6)

(A) Prior Year

(B) Current Year (optional)

Section C - Distributable Amount

1

Adjusted net income for prior year (from Section A, line 8, Column A)

2

Enter 85% of line 1

3

Minimum asset amount for prior year (from Section B, line 8, Column A)

4

Enter greater of line 2 or line 3

5

Income tax imposed in prior year

6

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

Current Year

7

☐

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2016

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2016 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . .			
<b>c</b> Excess from 2014. . . . .			
<b>d</b> Excess from 2015. . . . .			
<b>e</b> Excess from 2016. . . . .			

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test****990 Schedule A, Supplemental Information**

Return Reference	Explanation
Form 990, Schedule A, Part II	The Schedule A, Part II support schedule has been completed and demonstrates that Montefiore Medical Center meets the 170(b)(1)(A)(vi) public support test as required to use the Schedule B, Special Rule. Montefiore Medical Center is not classified as a 170(b)(1)(A)(vi) entity, as it meets its public charity status requirement as a Hospital under section 170(b)(1)(A)(iii).

Schedule A Form 990 or 990-EZ 2016

<b>SCHEDULE C</b> (Form 990 or 990-EZ)	<b>Political Campaign and Lobbying Activities</b>  For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ <b>Complete if the organization is described below.</b> ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .	OMB No 1545-0047
		<b>2016</b> <b>Open to Public Inspection</b>

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization MONTEFIORE MEDICAL CENTER	Employer identification number 13-1740114
---	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		909,911
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?		No	
<b>j</b>	Total. Add lines 1c through 1i			909,911
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b> Current year	<b>2b</b>	
<b>b</b> Carryover from last year	<b>2c</b>	
<b>c</b> Total	<b>3</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Part II-B, line B	THE MEDICAL CENTER'S TOTAL LOBBYING EXPENDITURES INCLUDED \$13,387 OF PAID STAFF COMPENSATION THAT WAS SPENT ON CALLS, MEETING, LETTERS, MEMOS AND OTHER COMMUNICATIONS WITH ELECTED AND OTHER GOVERNMENTAL OFFICIALS IN AN ATTEMPT TO INFLUENCE CERTAIN HEALTH CARE OUTCOMES
Part II-B, Line G	THE MEDICAL CENTER'S LOBBYING EXPENDITURES INCLUDED THE FOLLOWING 1 A PERCENTAGE OF MEMBERSHIP DUES FOR THE FOLLOWING ORGANIZATIONS THAT ARE USED BY SUCH ORGANIZATIONS FOR LOBBYING EFFORTS - GREATER NEW YORK HOSPITAL ASSOCIATION - AMERICAN HOSPITAL ASSOCIATION - ASSOCIATION OF AMERICAN MEDICAL COLLEGES - HEALTH CARE ASSOCIATION OF NYS - 1199/SEIU - GNYHA HEALTH EDUCATION PROJECT - SNAHPA - FOCUSED ON 340B ISSUES 2 AMOUNTS PAID TO NATHANSON & HAUCK FOR FEDERAL LOBBYING, MANATT, PHELPS & PHILLIPS, LLP, NATHANSON & HAUCK, EMPIRE STRATEGIC PLANNING, INC and Brown & Weinraub, PLLC FOR NYS LOBBYING AND TONIO BURGOS & ASSOCIATES, INC FOR CITY GOVERNMENT LOBBYING RELATED TO REGULATIONS AND LEGISLATION IMPACTING THE MEDICAL CENTER'S PROGRAMS

<b>SCHEDULE D</b> (Form 990)	<b>Supplemental Financial Statements</b>  ► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. <b>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b>	OMB No 1545-0047  <div style="font-size: 2em; font-weight: bold;">2016</div>  <b>Open to Public Inspection</b>
<b>Name of the organization</b> MONTEFIORE MEDICAL CENTER		<b>Employer identification number</b>  13-1740114

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

**(i)** Revenue included on Form 990, Part VIII, line 1

**(ii)** Assets included in Form 990, Part X

► \$ \_\_\_\_\_

► \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

► \$ \_\_\_\_\_

► \$ \_\_\_\_\_

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☒

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	31,390,105	25,350,033	25,350,033	25,350,033	25,350,033
b Contributions	-4,965,363	6,040,072			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	26,424,742	31,390,105	25,350,033	25,350,033	25,350,033

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

▶

b

Permanent endowment

▶

100 000 %

c

Temporarily restricted endowment

▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,845,694		18,845,694
b Buildings		1,645,665,396	1,043,076,762	602,588,634
c Leasehold improvements		0	0	0
d Equipment		1,133,119,687	775,918,030	357,201,657
e Other		62,868,760	4,808,326	58,060,434
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,036,696,419

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives . . . . .		
(2)Closely-held equity interests . . . . .		
(3)Other _____ (A) MALPRACTICE INSURANCE PROGRAMS	161,786,889	F
(B) LIMITED PARTNERSHIPS	115,307,198	F
(C) COLLECTIVE TRUST FUNDS	28,983,545	F
(D) MANAGED CARE COMPANIES	71,787,818	C
(E) OTHER INVESTMENTS	454,721	C
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶	378,320,171	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.  
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) AMTS DUE FROM AFFILIATES	32,868,262
(2) ESTIMATED INSURANCE CLAIMS REC	499,756,000
(3) SECURITY DEPOSITS	521,029
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) . . . . . ▶	533,145,291

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
RETIREE HEALTH LIABILITIES	151,061,999
MALPRACTICE INSURANCE LIABILITIES	137,971,199
EMPLOYEE DEFERRED COMP LIABILITIES	37,788,898
PENSION LIABILITIES	15,988,880
EST INSURANCE CLAIMS LIABILITIES	499,756,000
OTHER LONG-TERM LIABILITIES	228,608,932
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	1,071,175,908

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-1740114  
**Name:** MONTEFIORE MEDICAL CENTER

**Supplemental Information**

Return Reference	Explanation
Schedule D, Part IV, Line 2b	Montefiore Medical Center holds security deposits from tenants in escrow pursuant to the individual lease agreements between the tenants and the organization. These deposits are returned to the tenants once they vacate their rental unit less any amounts, if any, due from the tenants for damages or unpaid rent.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, line 4	The organization's endowments were established pursuant to donor gifts received over time so the earnings can provide support to the Medical Center's activities, specifically its clinical programs and related research as designated by the individual donors



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MONTEFIORE MEDICAL CENTER

**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

**Employer identification number**

13-1740114

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total					41,050,393
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)					41,050,393

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Sub-Saharan Africa	EDUCATIONAL	72,508	wIRE			

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . 1
- 3 Enter total number of other organizations or entities . . . . . 0

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
Part I, Line 2	The organization's procedures for monitoring the use of grant funds outside the United States includes regular financial reporting and analysis and review by medical center employees associated with the grant programs to confirm funds are being used in accordance with the awards

Additional Data

Software ID:  
Software Version:  
EIN: 13-1740114  
Name: MONTEFIORE MEDICAL CENTER

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Grantmaking	Aids Program	9,780
Sub-Saharan Africa			Grantmaking	Educational Support	95,957
Central America and the Caribbean			Investments		40,944,656

## Supplemental Information Regarding Fundraising or Gaming Activities

# 2016

### Open to Public Inspection

**Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a**  
**▶ Attach to Form 990 or Form 990-EZ.**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number

13-1740114

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1 <b>DINNER DANCE</b> (event type)	(b) Event #2 <b>GOLF OUTING</b> (event type)	(c) Other events <b>6</b> (total number)	(d) Total events (add col (a) through col (c))
	<b>1</b> Gross receipts . . . . .	2,049,685	831,300	397,476	3,278,461
	<b>2</b> Less Contributions . . . . .	1,569,685	513,715	226,426	2,309,826
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	480,000	317,585	171,050	968,635
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	749,843	338,978	191,521	1,280,342
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .	11,000		1,190	12,190
	<b>9</b> Other direct expenses . . . . .	192,451	73,072	45,203	310,726
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				1,603,258
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-634,623

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

**b** If "No," explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

**b** If "Yes," explain \_\_\_\_\_



- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► .....

Address ► .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

- c** If "Yes," enter name and address of the third party

Name ► .....

Address ► .....

**16** Gaming manager information

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493316009107

SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
Attach to Form 990.  
Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

MONTEFIORE MEDICAL CENTER

Employer identification number

13-1740114

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 500 %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			48,663,924	10,360,690	38,303,234	1 080 %
b Medicaid (from Worksheet 3, column a)			1,260,297,630	990,511,063	269,786,567	7 620 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			1,308,961,554	1,000,871,753	308,089,801	8 700 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			87,140,189	24,870,676	62,269,513	1 760 %
f Health professions education (from Worksheet 5)			325,302,398	220,585,353	104,717,045	2 960 %
g Subsidized health services (from Worksheet 6)			108,664,469	61,787,572	46,876,897	1 320 %
h Research (from Worksheet 7)			34,114,872	18,892,772	15,222,100	0 430 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			24,941,188	0	24,941,188	0 700 %
j Total. Other Benefits			580,163,116	326,136,373	254,026,743	7 170 %
k Total. Add lines 7d and 7j			1,889,124,670	1,327,008,126	562,116,544	15 870 %

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing			443,558	0	443,558	0.010 %
<b>2</b> Economic development						
<b>3</b> Community support			10,576	28,500	0	
<b>4</b> Environmental improvements			293,662	314,209	0	
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development			699,533	76,071	623,462	0.020 %
<b>9</b> Other						
<b>10 Total</b>			1,447,329	418,780	1,067,020	0.030 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>		No
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>		
	27,021,027		
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>		
	15,349,191		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	375,627,782
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	295,752,485
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	79,875,297
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</b> If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures**

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
MONTEFIORE MEDICAL CENTER**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C) _____		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V - Section C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C) _____		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>See Part V - Section C</u>	<b>10</b> Yes	
<b>a</b> _____		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

MONTEFIORE MEDICAL CENTER																																																																																								
Name of hospital facility or letter of facility reporting group																																																																																								
	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>Did the hospital facility have in place during the tax year a written financial assistance policy that</td><td></td><td></td></tr><tr><td><b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP</td><td><b>13</b> Yes</td><td></td></tr><tr><td><b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 % and FPG family income limit for eligibility for discounted care of 500 %</td><td></td><td></td></tr><tr><td><b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)</td><td></td><td></td></tr><tr><td><b>c</b> <input type="checkbox"/> Asset level</td><td></td><td></td></tr><tr><td><b>d</b> <input type="checkbox"/> Medical indigency</td><td></td><td></td></tr><tr><td><b>e</b> <input type="checkbox"/> Insurance status</td><td></td><td></td></tr><tr><td><b>f</b> <input type="checkbox"/> Underinsurance discount</td><td></td><td></td></tr><tr><td><b>g</b> <input checked="" type="checkbox"/> Residency</td><td></td><td></td></tr><tr><td><b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)</td><td></td><td></td></tr><tr><td><b>14</b> Explained the basis for calculating amounts charged to patients?</td><td><b>14</b> Yes</td><td></td></tr><tr><td><b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)</td><td><b>15</b> Yes</td><td></td></tr><tr><td><b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</td><td></td><td></td></tr><tr><td><b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td><td></td><td></td></tr><tr><td><b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td><td></td><td></td></tr><tr><td><b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td><td></td><td></td></tr><tr><td><b>e</b> <input type="checkbox"/> Other (describe in Section C)</td><td></td><td></td></tr><tr><td><b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)</td><td><b>16</b> Yes</td><td></td></tr><tr><td><b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) See Part V - Section C</td><td></td><td></td></tr><tr><td><b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) See Part V - Section C</td><td></td><td></td></tr><tr><td><b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) See Part V - Section C</td><td></td><td></td></tr><tr><td><b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td><b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td><b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td><b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</td><td></td><td></td></tr><tr><td><b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</td><td></td><td></td></tr><tr><td><b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</td><td></td><td></td></tr><tr><td><b>j</b> <input type="checkbox"/> Other (describe in Section C)</td><td></td><td></td></tr></table>		Yes	No	Did the hospital facility have in place during the tax year a written financial assistance policy that			<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes		<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 % and FPG family income limit for eligibility for discounted care of 500 %			<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			<b>c</b> <input type="checkbox"/> Asset level			<b>d</b> <input type="checkbox"/> Medical indigency			<b>e</b> <input type="checkbox"/> Insurance status			<b>f</b> <input type="checkbox"/> Underinsurance discount			<b>g</b> <input checked="" type="checkbox"/> Residency			<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)			<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> Yes		<b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> Yes		<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			<b>e</b> <input type="checkbox"/> Other (describe in Section C)			<b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes		<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) See Part V - Section C			<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) See Part V - Section C			<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) See Part V - Section C			<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
	Yes	No																																																																																						
Did the hospital facility have in place during the tax year a written financial assistance policy that																																																																																								
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes																																																																																							
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 % and FPG family income limit for eligibility for discounted care of 500 %																																																																																								
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)																																																																																								
<b>c</b> <input type="checkbox"/> Asset level																																																																																								
<b>d</b> <input type="checkbox"/> Medical indigency																																																																																								
<b>e</b> <input type="checkbox"/> Insurance status																																																																																								
<b>f</b> <input type="checkbox"/> Underinsurance discount																																																																																								
<b>g</b> <input checked="" type="checkbox"/> Residency																																																																																								
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)																																																																																								
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> Yes																																																																																							
<b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> Yes																																																																																							
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application																																																																																								
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application																																																																																								
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process																																																																																								
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications																																																																																								
<b>e</b> <input type="checkbox"/> Other (describe in Section C)																																																																																								
<b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes																																																																																							
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) See Part V - Section C																																																																																								
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) See Part V - Section C																																																																																								
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) See Part V - Section C																																																																																								
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)																																																																																								
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)																																																																																								
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)																																																																																								
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention																																																																																								
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP																																																																																								
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations																																																																																								
<b>j</b> <input type="checkbox"/> Other (describe in Section C)																																																																																								

**Part V Facility Information** (continued)**Billing and Collections**

MONTEFIORE MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b>	Yes	
If "No," indicate why			
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MONTEFIORE MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No



**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

**Part V**   **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **156**

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7 TABLE	
1 PART I, LINE 7	THE COST-TO-CHARGE RATIO METHODOLOGY WAS UTILIZED TO CALCULATE THE AMOUNT INCLUDED IN THE TABLE THE CALCULATION OF THIS RATIO WAS DERIVED FROM RATIO OF PATIENT CARE COST-TO-CHARGE

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
1 PART II - COMMUNITY BUILDING ACTIVITIES	
1 PART III, Section A, LINE 2	<p>The cost of bad debt expense is estimated based on the bad debt provision at charge, applied to the ratio of total patient care expenses to total charges for all services rendered. Any payments or discounts are excluded from bad debt expense. 1 Part III, Section A, Line 3 THE ESTIMATED AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE (AT COST) ATTRIBUTED TO PATIENTS UNDER THE ORGANIZATION'S CHARITY CARE POLICY WAS BASED ON RESULTS OF PREDICTIVE ANALYSIS. BAD DEBT SHOULD BE INCLUDED AS A COMMUNITY BENEFIT BECAUSE THE ORGANIZATION PROVIDES MUCH NEEDED HEALTH CARE SERVICES INDISCRIMINATELY TO THE COMMUNITY-AT-LARGE WITHOUT REGARD TO WHETHER OR NOT THE PATIENT HAS INSURANCE or if THE BILL WILL EVER BE PAID. 1 Part III, Section A, Line 4 AS REPORTED IN MONTEFIORE MEDICAL CENTER'S AUDITED FINANCIAL STATEMENTS, BAD DEBT EXPENSE IS DESCRIBED AS FOLLOWS: "The collection of patient service revenue due from patients, including copayments and deductibles, from those who are ineligible for charity care, is subject to uncertainty. The Medical Center records bad debt expense in the period services are rendered based on past experience, to account for amounts that patients may ultimately be unable or unwilling to pay. For self-pay patients, which includes both patients without insurance and patients with copayments and deductibles after third-party coverage, the Medical Center records an estimate for bad debt expense in the current period based on past experience. Amounts ultimately written off as uncollectible and recoveries of such amounts are deducted from, or added to, the allowance for doubtful accounts."</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
1 PART III, Section B, LINE 8	
2 NEEDS ASSESSMENT	<p>MONTEFIORE ASSESSES COMMUNITY NEEDS BY A) COMMUNITY ADVISORY BOARDS THE PRIMARY APPROACH USED TO GAIN INPUT AND COMMUNITY INVOLVEMENT IS THROUGH A VARIETY OF COMMUNITY ADVISORY BOARDS (CABS) MONTEFIORE MEDICAL CENTER WORKS EXTENSIVELY WITH REPRESENTATIVES OF THE COMMUNITIES THROUGH THE CABS TO IDENTIFY HEALTH CARE NEEDS AND DETERMINE THE APPROPRIATE CONFIGURATION OF SERVICES ON A REGULAR BASIS, MONTEFIORE REPORTS TO THESE VARIOUS COMMUNITY GROUPS ON THE MEDICAL CENTER'S PERFORMANCE AND SERVICES, THE STATUS OF PROGRAMS, FINANCIAL AND UTILIZATION STATISTICS, THE PLAN FOR AND IMPLEMENTATION OF COMMUNITY SERVICES, AND PLANS FOR THE FUTURE B) COMMUNITY SERVICES COMMITTEE MONTEFIORE HEALTH SYSTEM HAS A BOARD COMMITTEE, THAT IS FOCUSED ON COMMUNITY SERVICES IT IS RESPONSIBLE FOR OVERSEEING MONTEFIORE'S COMMUNITY SERVICES AND COMMUNITY BENEFIT ACTIVITIES TO ENSURE THEY ARE FORMULATED TO FACILITATE THE FULFILLMENT OF THE MEDICAL CENTER'S MISSION AND MEET THE NEEDS OF THE COMMUNITY THE COMMITTEE MEETS REGULARLY TO BECOME FAMILIAR WITH AND ASSESS MONTEFIORE'S COMMUNITY SERVICE PROGRAMS AND THE EXTENT TO WHICH THEY ADDRESS AND MAKE A MEANINGFUL IMPACT ON PREEXISTING COMMUNITY NEEDS THE COMMITTEE WORKS CLOSELY WITH MONTEFIORE LEADERSHIP AND/OR RELEVANT BOARD COMMITTEES THAT ARE RESPONSIBLE FOR OVERSEEING THE MEDICAL CENTER'S MISSION TO ASSESS AND IMPROVE THE HEALTH OF THE COMMUNITIES SERVED C) PARTNERSHIPS AND COLLABORATIONS BEYOND THE FORMAL STRUCTURE THAT MONTEFIORE HAS ESTABLISHED TO GAIN INPUT FROM THE COMMUNITIES IT SERVES, THE MEDICAL CENTER PARTICIPATES IN A VARIETY OF ORGANIZED PARTNERSHIPS AND COLLABORATIVES, WORKING WITH OTHER PROVIDERS IN THE BRONX, THE NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE, COMMUNITY-BASED ORGANIZATIONS IN THE BRONX AND MEMBERS OF THE COMMUNITY IN PLANNING AND DEVELOPING INITIATIVES AIMED AT IMPROVING THE HEALTH OF PEOPLE IN THE BRONX EXAMPLES OF SUCH Partnerships INCLUDES - THE BRONX HEALTH LINK - THE BRONX RHIO - THE BRONX COLLABORATIVE - THE BRONX BREATHEAS INITIATIVE - THE BRONX HIV PLANNING COUNCIL - SOUTH BRONX ENVIRONMENTAL JUSTICE PARTNERSHIP (SBEJP) - CITIWIWIDE HARM REDUCTION PROGRAM - BRONX COMMUNITY PALLIATIVE CARE INITIATIVE - BRONX SCIENCE AND HEALTH OPPORTUNITIES PARTNERSHIP - HISPANIC CENTER OF EXCELLENCE - BRONX CENTER TO REDUCE AND ELIMINATE ETHNIC AND RACIAL HEALTH DISPARITIES (BRONX CREED) D) The office of community and population health Montefiore continues to partner with a variety of community-based organizations to work to advance the health of the community The Montefiore Office of Community and Population Health was set up to maximize the impact of the Medical Center's community services and helps to assess community needs by its various initiatives, including, - supporting and coordinating Montefiore's diverse portfolio of community health improvement programs and activities, - enhancing Montefiore's capacity to assess and measure the health needs of the communities it serves, - Identifying and selecting a limited number of top-priority health needs in the communities Montefiore serves for specific focus, - Leading and coordinating Montefiore-wide efforts and working with community partners to measurably improve the health of the communities served, - The to your Health! Program, a community and worksite wellness initiative seeking to reduce the growing burden of chronic disease in the community through a number of public health programs to educate patients, visitors, staff and local residents on how to live healthier lives Through collaborations with local community based organizations, the Office of Community Health will identify specific interventions that can be worked on both collaboratively and independently to transform the community health Using data collected through Montefiore, the District Public Health Office and other sources, the impact on the community health by the particular intervention can be measured and analyzed</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	
4 COMMUNITY INFORMATION	<p>THE MEDICAL CENTER HAS OUTREACH SERVICES RESPONDING TO THE HEALTH CARE AND SOCIAL NEEDS THROUGHOUT THE BRONX AND SOUTHERN WESTCHESTER. IT HAS BECOME A MAJOR COMMUNITY RESOURCE TO A POPULATION WHICH IS AMONG THE COUNTRY'S MOST ECONOMICALLY AND SOCIALLY DISADVANTAGED and</p> <p>to a community that is full of great challenges. The Bronx, with its 1.4 million residents, is ranked the poorest urban county in the country, leads the nation in rates of diabetes and obesity and other chronic conditions, and leads New York City in a list of significant markers: people in "fair or poor health", low birth weight, teen pregnancy, children in poverty, disabled individuals and families living below the poverty level. The Bronx has a poverty rate of 27.9% (compared to 16.8% city-wide), median income of \$35,176 (compared to \$51,141 in Brooklyn, \$60,422 in Queens, \$71,622 in Staten Island and \$75,575 in Manhattan) and one of the highest child poverty rates in the United States with 43% of Bronx children living below poverty, the ninth highest proportion for any county in the United States, and the highest for any urban county. THE BRONX IS ALSO THE YOUNGEST COUNTY IN NEW YORK STATE WITH a median age of 33.6 and 25.3% of its population under the age of 18. The Bronx has the highest proportion of single-parent headed households (19.2%) among counties in the US. COMMUNITY HEALTH PROFILES OF THE BRONX SHOW POOR HEALTH STATUS, HIGHER THAN AVERAGE INCIDENCE AND PREVALENCE OF HIV AND TUBERCULOSIS, POORER THAN AVERAGE BIRTH OUTCOMES, WORSE THAN AVERAGE ACCESS TO PRIMARY CARE, AND HIGH HOSPITAL ADMISSION RATES FOR DIABETES, CARDIOVASCULAR, CEREBROVASCULAR, PERIPHERAL VASCULAR AND RENAL DISEASES.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
5 PROMOTION OF COMMUNITY HEALTH	
6 AFFILIATED HEALTH CARE SYSTEM	Montefiore Medical Center IS AN AFFILIATE OF MONTEFIORE HEALTH SYSTEM, INC The Health System is a leader in community health and has a long history of developing innovative approaches to care and creating programs to best serve the changing needs of its community See line 5, Promotion of Community Health, for how the Health System along with Montefiore Medical Center promotes community Health

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
7 STATE FILING OF COMMUNITY BENEFIT REPORT	Montefiore Medical Center files a Community Service Plan with the State of New York



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1740114

**Name:** MONTEFIORE MEDICAL CENTER

### Form 990 Schedule H, Part V Section A. Hospital Facilities

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	MONTEFIORE MEDICAL CENTER 111 EAST 210TH STREET BRONX, NY 10467 www.Montefiore.org 7000006H	X	X	X	X		X	X			

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Lines 3 & 6	The needs assessment was conducted with the five hospital divisions that comprise Montefiore Medical Center - Moses division, weiler division, wakefield division, Hutch Division and the Children's hospital division at Montefiore. In addition, Montefiore is a member of the Greater New York Hospital Association which provides resources for member hospitals to utilize in assessing the needs of the hospital communities from a community-wide perspective. Schedule H, Part V, Line 5 The process for preparing the 2016-2018 Community Health Needs Assessment was a inter-organizational and community collaborative process, initiated with the goal of developing an assessment that was reflective of the needs of the community. Input from the community was achieved via three primary data strategies used to triangulate the identification of community health priorities in the Bronx, including 1) the 2014 Community Health Need Assessment (CHNA) conducted by the New York Academy of Medicine (NYAM), 2) the New York City Community Consultations, implemented by the New York City Department of Health and Mental Hygiene, and 3) a survey of Bronx residents implemented in collaboration with the Westchester County Department of Health to support the CSPs/CHNAs for hospitals in Westchester County.

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7a	The CHNA is available on the hospital facility's website URL <a href="https://www.montefiore.org/documents/communityservices/Community-Health-Needs-Assessment-MMC.pdf">https://www.montefiore.org/documents/communityservices/Community-Health-Needs-Assessment-MMC.pdf</a>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 10a	The hospital facility's most recent adopted implementation strategy is posted on the website URL <a href="https://www.montefiore.org/documents/communityservices/Community-Health-Needs-Assessment-MMC.pdf">https //www montefiore org/documents/communityservices/Community-Health-Ne eds-Assessment-MMC pdf</a>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11	A review of the results from the primary and secondary data collection in the Medical Center's most recent conducted CHNA illuminated two major categories of health needs that were important across the population surveyed, reflected in the data as critical, and in alignment with the New York State Prevention Agenda. The two priority areas identified were (1) Preventing Chronic Disease and (2) Promoting Healthy Women, Infants and Children. As part of the submission for the New York State Health Improvement Plan for 2016-2018, required by the New York State Department of Health, Montefiore has elected to retain these two priority areas, Prevent Chronic Disease and Promote Healthy Women, Infants and Children and has selected three broad focus areas to implement programs. These broad focus areas are (1) reducing obesity in children and adults, (2) Increase access to high quality chronic disease Preventive care and management in both clinical and community settings and (3) Improving maternal and infant Health. Across these focus areas, various goals, with specific interventions, performance measures and time frames, were delineated, - Create community environments that promote and support healthy food and beverage choices and physical activity, - Increase screening rates for cardiovascular disease, diabetes and breast, cervical and colorectal cancers, especially among disparate populations - Reduce premature births

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13H	Family size is factored into the eligibility criteria for financial assistance

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Lines 16a-16c	The FAP information can be found on the website <a href="https://www.Montefiore.org/financial-aid-policy">https //www Montefiore org/financial-aid-policy</a>

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility	
(list in order of size, from largest to smallest)	
How many non-hospital health care facilities did the organization operate during the tax year? _____	
Name and address	Type of Facility (describe)
1 Greene Medical Arts Pavillion 3400 Bainbridge Avenue Bronx, NY 10467	Hospital Outpatient Dept
1 Hutchinson Campus 1250 Waters Place Bronx, NY 10461	Specialty Care Extension
2 MMG - MAP GREENE MEDICAL ARTS PAVILION 3400 Bainbridge Avenue Bronx, NY 10467	Primary Care Practice
3 Certified Home Health Agency 1 Fordham Plaza Bronx, NY 10458	Certified Home Health Care Agency
4 MMC-MONTEFIORE EINS CTR FR CANCER CARE 1695 Eastchester Road Bronx, NY 10461	Specialty Care Ext Clinic
5 MMG-Comprehensive Family Care Ctr 1621 Eastchester Rd Bronx, NY 10461	Primary Care Extension Clinic
6 MMG-Comprehensive Health Care Ctr 305 East 161st Street Bronx, NY 10451	Primary Care Extension Clinic
7 CENTER FOR ORTHOPAEDIC SPECIALITIES 1250 Waters Place Bronx, NY 10461	SPECIALTY CARE PRACTICE
8 MONTEFIORE ADVANCED IMAGING MAP 3400 BAINBRIDGE AVENUE Bronx, NY 10467	SPECIALTY CARE EXT CLINIC
9 MMG-BRONX EAST 2300 WESTCHESTER AVENUE Bronx, NY 10462	Primary Care PRACTICE
10 MMG-FAMILY HEALTH CENTER One Fordham Plaza Bronx, NY 10458	Primary Care EXTENSION CLINIC
11 MMG-GRAND CONCOURSE 2532 GRAND CONCOURSE Bronx, NY 10458	PRIMARY CARE PRACTICE
12 MMC-CENTER FOR RADIATION THERAPY 1625 Poplar Street Bronx, NY 10461	Specialty Care Ext Clinic
13 MONTEFIORE ADVANCED IMAGING MMP 1635 POPLAR STREET Bronx, NY 10461	SPECIALTY CARE EXT CLINIC
14 MMG-UNIVERSITY AVENUE FAMILY PRACTICE 105 WEST 188TH STREET Bronx, NY 10468	Primary Care Extension Clinic



Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
16 MMG-FAMILY CARE CENTER 3444 KOSSUTH AVE BRONX, NY 10467	PRIMARY CARE EXTENSION CLINIC
1 MMG-CROSS COUNTY 1010 CENTRAL PARK AVE YONKERS, NY 10704	PRIMARY CARE PRACTICE
2 CARDIOLOGY Associates 3201 GRAND CONCOURSE bRONX, NY 10468	Specialty Care Practice
3 Scarsdale Women's Center 1075 Central Park Avenue Scarsdale, NY 10583	sPECIALTY CARE PRACTICE
4 MMP-OUTPATIENT REHABILITATION SERVICES 1500 Blondell Avenue Bronx, NY 10461	Specialty Care eXT CLINIC
5 MONTEFIORE DPT OF CARDIOTHORACIC SURGERY 1575 BLONDELL AVENUE BRONX, NY 10461	Specialty Care Practice
6 SUBSTANCE ABUSE TREATMENT PROG UNIT 3 2058 JEROME AVENUE Bronx, NY 10453	SUBSTANCE Use Disorders clinic
7 MMG-WEST FARMS FAMILY PRACTICE 1055 EAST TREMONT AVENUE Bronx, NY 10460	Primary Care Extension Clinic
8 MMG-WILLIAMBRIDGE 3011 BOSTON ROAD Bronx, NY 10469	Primary Care Extension Clinic
9 MMG-Co-op City 2100 bARTOW aVENUE Bronx, NY 10475	PRIMARY CARE EXTENSION CLINIC
10 MMG-CO-OP CITY 115 DREISER LOOP Bronx, NY 10475	Primary Care PRACTICE
11 SO BRONX HEALTH CTR FOR CHILD & FAMILIES 871 PROSPECT AVENUE Bronx, NY 10459	PRIMARY CARE EXTENSION CLINIC
12 MONTEFIORE WAKEFIELD MENTAL HLTH CLINIC 4401 BRONX BOULEVARD BRONX, NY 10470	MENTAL HEALTH EXT CLINIC
13 Hartsdale Family and Fetal Medicine Inst 141 s CENTRAL AVE HARTSDALE, NY 10530	SPECIALTY CARE PRACTICE
14 MMG-ASTOR AVE PEDIATRICS 1500 ASTOR AVENUE BRONX, NY 10469	PRIMARY CARE PRACTICE

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
31 MMG Marble Hill Family Practice 5525 Broadway Bronx, NY 10463	Primary Care Extension Clinic
1 Tarrytown CARDIOLOGY ASSOCIATES 150 WHITE PLAINS ROAD Tarrytown, NY 10591	Specialty Care Practice
2 MMG-Eastchester 440 White Plains Road Eastchester, NY 10709	Primary Care Practice
3 MMG-Castle Hill Family Practice 2175 Westchester Avenue Bronx, NY 10462	Primary Care Extension Clinic
4 MMG-White Plains Rd 2100 White Plains Road Bronx, NY 10462	Primary Care Practice
5 SUBSTANCE ABUSE TREATMENT CENTER UNIT 1 3550 Jerome Avenue Bronx, NY 10467	Substance use disorders clinic
6 Montefiore Med Park ORTHODONTIC CENTER 1625 Poplar Street Bronx, NY 10461	Specialty Care Ext Clinic
7 Larchmont Women's Center 2345 Boston Post Road Larchmont, NY 10538	Specialty Care Practice
8 MMG-Riverdale 3510 Johnson Avenue Bronx, NY 10463	Primary Care Practice
9 MONTEFIORE EAST TREMONT FAMILY PRACTICE 3101 E Tremont Avenue Bronx, NY 10461	Primary Care Practice
10 MONTEFIORE Eastern Vascular Associates 3219 East Tremont Avenue Bronx, NY 10461	Specialty Care Practice
11 JE& ZB BUTLER Child Advocacy Center 3314 Steuben Avenue Bronx, NY 10467	Specialty Care Ext Clinic
12 NY Children's Health Project 853 Longwood Avenue Bronx, NY 10459	Homeless Shelter Ext Clinic
13 MSHP - STEVENSON HIGH SCHOOL 1980 Lafayette Avenue Bronx, NY 10461	School Health Clinic
14 MSHP-De Witt Clinton High School 100 W Mosholu Parkway So Bronx, NY 10468	School Health Clinic

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>46</b> MSHP-Herbert H Lehman Campus 3000 East Tremont Avenue Bronx, NY 10461	School Health Clinic
<b>1</b> MONTEFIORE Medical Specialists 495 Central Park Avenue Yonkers, NY 10704	Specialty Care Practice
<b>2</b> MSHP-PS 8 3010 Briggs Avenue Bronx, NY 10458	School Health Clinic
<b>3</b> Inst fr Women's Hlth Genetics & Hum Rep 1695 Eastchester Road Bronx, NY 10461	Specialty Care Practice
<b>4</b> MSHP-Evander Childs Campus 800 East Gun Hill Road Bronx, NY 10467	School Health Clinic
<b>5</b> MSHP-John Philip Sousa MS 142 3750 Baychester Avenue Bronx, NY 10466	School Health Clinic
<b>6</b> MONTEFIORE DIVISION OF GASTROENTEROLOGY 1500 Waters Place Bronx, NY 10461	Specialty Care Practice
<b>7</b> MSHP-PS 105 725 Brady Avenue Bronx, NY 10462	School Health Clinic
<b>8</b> MSHP-Walton Campus 2780 Reservoir Avenue Bronx, NY 10468	School Health Clinic
<b>9</b> MSHP-THEODORE ROOSEVELT CAMPUS 500 EAST FORDHAM ROAD BRONX, NY 10458	SCHOOL HEALTH CLINIC
<b>10</b> MSHP-PS 28 1861 ANTHONY AVENUE Bronx, NY 10457	School Health Clinic
<b>11</b> MSHP-MS 45 2502 LORRILARD AVENUE Bronx, NY 10458	School Health Clinic
<b>12</b> MSHP-PS 55 450 ST PAULS PLACE Bronx, NY 10456	School Health Clinic
<b>13</b> MSHP-PS 85 2400 MARION AVENUE Bronx, NY 10458	School Health Clinic
<b>14</b> SAFE HOUSE FOR LEAD POISONING PREV PROG 91 EAST MOSHOLU PARKWAY Bronx, NY 10467	SPECIALTY CARE EXT CLINIC

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
61 MSHP-SOUTH BRONX CAMPUS 701 ST ANNS AVENUE 3RD FLOOR Bronx, NY 10455	SCHOOL HEALTH CLINIC
1 MSHP-IS 217 ENTRADA 977 FOX STREET BRONX, NY 10459	SCHOOL HEALTH CLINIC
2 MONTEFIORE WAKEFIELD CHEM DEP OP PROG 4401 BRONX BOULEVARD Bronx, NY 10470	Substance Use Disorders Clinic
3 MSHP-PSMS 95 3961 HILLMAN AVENUE Bronx, NY 10463	School Health ClinIc
4 MSHP-BRONX REGIONAL HIGH SCHOOL 1010 REV JA POLITE AVENUE Bronx, NY 10459	sCHOOL hEALTH cLINIC
5 CENTER FOR CHILD HEALTH AND RESILIENCY 890 PROSPECT AVENUE Bronx, NY 10459	PRIMARY CARE EXTENSION CLINIC
6 MONTEFIORE DENTAL CENTER 951 PROSPECT AVENUE Bronx, NY 10459	SPECIALTY CARE PRACTICE
7 MSHP-MOTT HAVEN HS campus 730 CONCOURSE VILLAGE east Bronx, NY 10451	SCHOOL HEALTH CLINIC
8 MONTEFIORE STD INITIATIVE 3230 Bainbridge Avenue Bronx, NY 10467	Specialty Care Ext Clinic
9 MSHP-William Howard Taft Campus 240 East 172nd Street Bronx, NY 10457	School Health Clinic
10 MSHP-PS 64 1425 Walton Avenue Bronx, NY 10452	School Health Clinic
11 MONTEFIORE Gottscho Child Dialysis CTR Frost Valley YMCA Camp Claryville, NY 12725	Chronic Dialysis Ext Clinic
12 Saratoga Interfaith Family Shelter 175-15 Rockaway Boulevard Queens, NY 11434	Homeless Shelter Ext Clinic
13 Help Bronx Crotona 785 Crotona Park North Bronx, NY 10460	Homeless Shelter Pt Clinic
14 New Day Domestic Violence Shelter PO Box 6310 Bronx, NY 10451	Homeless Shelter Pt Clinic

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility	
(list in order of size, from largest to smallest)	
How many non-hospital health care facilities did the organization operate during the tax year? _____	
Name and address	Type of Facility (describe)
<b>76</b> American Red Cross Family ShelterICAHN 4 East 28th Street New York, NY 10016	Homeless Shelter Ext Clinic
<b>1</b> Montefiore Breast Center 1500 Blondell Avenue Bronx, NY 10461	Imaging Center
<b>2</b> Women in Need-Suzanne's Place 25 Junius Street Brooklyn, NY 11212	Homeless Shelter Ext Clinic
<b>3</b> Saint John's Family Shelter 1630 Saint Johns Place Brooklyn, NY 11233	Homeless Shelter Ext Clinic
<b>4</b> Wellness Center at Port Morris 804 East 138th Street Bronx, NY 10454	Substance Use Disorders Clinic
<b>5</b> Streetwork's Project Drop-In Center 209 W 125th Street New York, NY 10016	Homeless Shelter Ext Clinic
<b>6</b> Wellness Center at Waters Place 1510 Waters Place Bronx, NY 10461	Substance use Disorders Clinic
<b>7</b> Wakefield-Dept of Ophthalmology 4141 Carpenter Avenue Bronx, NY 10466	Specialty Care
<b>8</b> Wellness Center at Melrose 260 East 161st street Bronx, NY 10451	Substance Use Disorders Clinic
<b>9</b> Wakefield-Dept of Orthropedic Surgery 4141 Carpenter Avenue Bronx, NY 10466	Specialty Care
<b>10</b> MONTEFIORE Riverdale Practice 3333 Henry Hudson Parkway Bronx, NY 10463	Specialty Care Practice
<b>11</b> MONTEFIORE WELLNESS CENTER 1180 MORRIS PARK AVENUE BRONX, NY 10461	SPECIALTY CARE PRACTICE
<b>12</b> RIVERDALE MEDICAL ASSOCIATES 2711 HENRY HUDSON PARKWAY BRONX, NY 10463	SPECIALTY CARE Practice
<b>13</b> NEUROSCIENCE CENTER 3316 ROEHAMBEAU aVENUE BRONX, NY 10467	IMAGING CENTER
<b>14</b> MONTEFIORE GENERAL CLINICAL RESEARCH CTR 1300 MORRIS PARK AVENUE BRONX, NY 10461	CLINIC RESEARCH EXT CLINIC

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
91 GENERAL CLINICAL RESEARCH CENTER 111 e 210TH STREET-MRT BRONX, NY 10467	CLINICAL RESEARCH EXT CLINIC
1 MONTEFIORE-EINSTEIN CTR FOR CANCER CARE 1521 JARRETT PLACE BRONX, NY 10461	CANCER SERVICES
2 MONTEFIORE CARDIOLOGY 1628 Eastchester 1628 EASTCHESTER ROAD BRONX, NY 10461	SPECIALTY PRACTICE
3 MONTEFIORE JARRETT PEDIATRIC DENTAL CTR 1516 JARRETT AVENUE BRONX, NY 10456	DENTAL CENTER
4 MONTEFIORE DEPARTMENT OF DENTISTRY 3332 roCHAMBEAU AVENUE BRONX, NY 10467	dENTAL cENTER
5 MONTEFIORE ADVANCED IMAGING GUNHILL 200 EAST GUNHILL ROAD BRONX, NY 10467	IMAGING CENTER
6 MONTEFIORE WAKEFIELD CHILD pSYCH CTR 4141 cARPENTER aVENUE BRONX, NY 10466	MENTAL HEALTH CLINIC
7 ADOLESCENT AIDS PROGRAM 3415 WAYNE AVENUE BRONX, NY 10467	PEDIATRIC SPECIALTY CENTER
8 MONTEFIORE DEPARTMENT OF NEUROLOGY 140 LOCKWOOD AVENUE NEW ROCHELLE, NY 10801	SPECIALTY CENTER
9 MONTEFIORE DEPARTMENT OF NEUROSURGERY 3316 ROCHAMBEAU AVENUE BRONX, NY 10467	SPECIALTY CENTER
10 EINSMONTEFIORE AUTISM EVAL & TREAT CTR 6 EXECUTIVE PLAZA YONKERS, NY 10701	SPECIALTY CENTER
11 WOMEN'S MEDICAL ASSOCIATES 1180 MORRIS PARK AVENUE BRONX, NY 10461	WOMEN'S HEALTH CENTER
12 CENTENNIAL WOMEN'S CENTER 3332 ROCHAMBEAU AVE BRONX, NY 10467	WOMEN'S HEALTH CENTER
13 RIVERDALE WOMEN'S CENTER 3333 HENRY HUDSON PARKWAY BRONX, NY 10463	wOMEN'S HEALTH CENTER
14 DEPT OF OB & GYNWOMEN'S HEALTH 4170 BRONX BOULEVARD BRONX, NY 10466	WOMEN'S HEALTH CENTER

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility	
(list in order of size, from largest to smallest)	
How many non-hospital health care facilities did the organization operate during the tax year? _____	
Name and address	Type of Facility (describe)
106 WOODLAWN WOMEN'S CENTER 4350 vAN cORTLANDT PK EAST BRONX, NY 10470	WOMEN'S HEALTH CENTER
1 GENETICS & PERINATAL CONSULTANTS OF NY 700 WHITE PLAINS ROAD SCARSDALE, NY 10583	WOMEN'S HEALTH CENTER
2 MONTEFIORE CHILDADOL MENTAL HLTH CLINIC 3340 BAINBRIDGE AVENUE BRONX, NY 10467	MENTAL HELATH CLINIC
3 Montefiore Riverdale Cardiology Practice 2711 HENRY HUDSON PARKWAY BRONX, NY 10463	SPECIALTY CARE PRACTICE
4 REHABILITATION MEDICINE PRIVATE PRACTICE 3329 BAINBRIDGE AVENUE BRONX, NY 10467	SPECIALTY CARE PRACTICE
5 MONTEFIORE DIVISION OF DERMATOLOGY 3514 BAINBRIDGE AVENUE BRONX, NY 10467	SPECIALTY CARE PRACTICE
6 SLEEPWAKE DISORDERS 3411 WAYNE AVENUE BRONX, NY 10467	SPECIALTY CARE PRACTICE
7 MONTEFIORE BEHAVIORAL HEALTH CTR AT WS 2527 GLEBE AVENUE BRONX, NY 10461	MENTAL HEALTH CLINIC
8 ADVANCED ONCOLOGY ASSOCIATES 50 GUION PLACE NEW ROCHELLE, NY 10801	SPECIALTY CARE PRACTICE
9 ADVANCED ONCOLOGY ASSOCIATES 18 ASHFORD AVENUE DOBBS FERRY, NY 10522	SPECIALTY CARE PRACTICE
10 ADVANCED ONCOLOGY ASSOCIATES 75 EAST GUN HILL ROAD BRONX, NY 10467	SPECIALTY CARE PRACTICE
11 ADVANCED ONCOLOGY ASSOCIATES 1578 WILLIAMSBRIDGE ROAD BRONX, NY 10461	SPECIALTY CARE PRACTICE
12 ADVANCED ONCOLOGY ASSOCIATES 984 NORTH BROADWAY YONKERS, NY 10701	SPECIALTY CARE PRACTICE
13 BRONX RIVER MEDICAL ASSOCIATES-BX OFF 60 EAST 208TH sTREET BRONX, NY 10467	SPECIALTY CARE PRACTICE
14 BRONX RIVER MEDICAL ASSOC-YONKERS OFFICE 1915 CENTRAL PARK AVENUE YONKERS, NY 10710	SPECIALTY CARE PRACTICE

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>121</b> MMC-WAKEFIELD CARDIOVASCULAR CENTER 4256 BRONX BOULEVARD BRONX, NY 10466	SPECIALTY CARE PRACTICE
<b>1</b> RIDGE HILL CARDIOLOGY 73 MARKET STREET SUITE 178b YONKERS, NY 10710	SPECIALTY CARE PRACTICE
<b>2</b> BRONX CARDIAC 2814 MIDDLETOWN ROAD BRONX, NY 10461	SPECIALTY CARE PRACTICE
<b>3</b> WESTCHESTER HEART SPECIALIST 150 LOCKWOOD AVENUE NEW ROCHELLE, NY 10810	SPECIALTY CARE PRACTICE
<b>4</b> WILLIAMSBRIDGE CARDIOLOGY 1578 WILLIAMSBRIDGE ROAD BRONX, NY 10461	SPECIALTY CARE PRACTICE
<b>5</b> CARDIOVASCULAR ASSOCIATES OF WESTCHESTER 140 LOCKWOOD AVENUE NEW ROCHELLE, NY 10801	SPECIALTY CARE PRACTICE
<b>6</b> MMG-VIA VERDE 730 BROOK AVENUE BRONX, NY 10455	PRIMARY CARE EXTENSION CTR
<b>7</b> MSHP-MORRIS CAMPUS 1110 BOSTON ROAD BRONX, NY 10456	SCHOOL HEALTH CLINIC
<b>8</b> MSHP-NEW SETTLEMENT COMMUNITY CAMPUS 1501 JEROME AVENUE BRONX, NY 10452	SCHOOL HEALTH CLINIC
<b>9</b> BROADWAY DENTAL CENTER 5500 BROADWAY SUITE 102 BRONX, NY 10463	DENTAL CENTER
<b>10</b> MONTEFIORE MOSES OP MENTAL HLTH CLINIC 111 EAST 210TH STREET BRONX, NY 10467	MENTAL HEALTH CLINIC
<b>11</b> MONTEFIORE RAD ONC AT ST BARNABAS 4487 THIRD AVENUE LEVEL B Bronx, NY 10466	RADIATION ONCOLOGY PRACTICE
<b>12</b> MME PLASTIC SURGERY PRACTICE 182 210TH STREET BRONX, NY 10467	SPECIALTY CARE PRACTICE
<b>13</b> ROSE KENNEDY CHILD EVALUATION & REHAB CT 1225 MORRIS PARK AVENUE BRONX, NY 10461	DEVELOPMENTAL DISABILITY CLINIC
<b>14</b> CHRISTOPHER COLUMBUS CAMPUS 925 ASTOR AVENUE BRONX, NY 10469	SCHOOL HEALTH CLINIC



Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>136</b> BOYNTON FAMILY RESIDENCE (AGUILA INC) 1056 BOYNTON AVENUE BRONX, NY 10472	HOMELESS SHELTER EXT CLINIC
<b>1</b> LONG TERM HEALTH CARE PROGRAM ONE FORDHAM PLAZA BRONX, NY 10458	LONG TERM HEALTH CARE AGENCY
<b>2</b> MMC PEDIATRIC-FAMILY IMMUNOLOGY CLINIC 1621 EASTCHESTER ROAD BRONX, NY 10461	SPECIALTY CARE EXT CLINIC
<b>3</b> MMC PEDIATRICS-WINTHROP-PEDS GEN SURG 120 MINEOLA BOULEVARD MINEOLA, NY 11501	SPECIALTY CARE PRACTICE
<b>4</b> MMC PEDIATRICS CARDIOLOGY AT MNR 16 GUION PLACE NEW ROCHELLE, NY 10801	SPECIALTY CARE PRACTICE
<b>5</b> AOA 1624 CROSBY AVENUE BRONX, NY 10461	SPECIALTY CARE PRACTICE
<b>6</b> BRONX RIVER MEDICAL ASSOCIATES-YONKERS 1915 CENTRAL PARK AVENUE YONKERS, NY 10710	SPECIALTY CARE PRACTICE
<b>7</b> SOUND SHORE CARDIOLOGY ASSOCIATES 175 MEMORIAL HIGHWAY SUITE 1-1 NEW ROCHELLE, NY 10801	SPECIALTY CARE PRACTICE
<b>8</b> SOUND SHORE CARDIOLOGY ASSOCIATES 933 MAMARONECK AVENUE MAMARONECK, NY 10543	SPECIALTY CARE PRACTICE
<b>9</b> MMC ORTHOPEDICS MANHATTAN PRACTICE 73 EAST 71ST STREET New York, NY 10021	SPECIALTY CARE PRACTICE
<b>10</b> MMC ORTHOPEDICS MANHATTAN PRACTICE 215 EAST 73RD STREET NEW YORK, NY 10021	SPECIALTY CARE PRACTICE
<b>11</b> MMC UROLOGY - ADDISON HALL 457 WEST 57TH STREET NEW YORK, NY 10019	SPECIALTY CARE PRACTICE
<b>12</b> MMC UROLOGY - CLINICA MODELO 3050 CORLEAR AVENUE BRONX, NY 10463	SPECIALTY CARE PRACTICE
<b>13</b> MONTEFIORE REHABILITATION-PT AND SPEECH 3199 BAINBRIDGE AVENUE BRONX, NY 10467	SPECIALTY CARE PRACTICE
<b>14</b> MMC TRANSPLANT HEPATOLOGY 3100 BROADWAY FAIRLAWN, NJ 07410	SPECIALTY CARE PRACTICE

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>151</b> MMC TRANSPLANT HEPATOLOGY 170 MAPLE AVENUE WHITE PLAINS, NY 10601	SPECIALTY CARE PRACTICE
<b>1</b> MMC ABDOMINAL TRANSPLANT AT ST JOHNS 967 BROADWAY YONKERS, NY 10701	SPECIALTY CARE PRACTICE
<b>2</b> MMC TRANSPLANT HEPATOLOGY 60 WEST 68TH STREET NEW YORK, NY 10023	SPECIALTY CARE PRACTICE
<b>3</b> MMC COLLEGE EYE INSTITUTE 1180 MORRIS PARK AVENUE BRONX, NY 10461	SPECIALTY CARE PRACTICE
<b>4</b> MMC GENERAL SURGERY PRACTICE 3736 HENRY HUDSON PARKWAY BRONX, NY 10463	SPECIALTY CARE PRACTICE
<b>5</b> MMC DIABETES PREVENTION PROGRAM 3514 DEKALB AVENUE BRONX, NY 10467	SPECIALTY CARE PRACTICE

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493316009107

Schedule I  
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
MONTEFIORE MEDICAL CENTER

Employer identification number  
13-1740114

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . 

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 46

3 Enter total number of other organizations listed in the line 1 table . . . . . 3

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	The procedure for monitoring subrecipients of federal awards for compliance is to obtain and review the subrecipient's audited Circular A-133 single Audit report which includes their respective schedule of expenditures of federal awards by major program together with the reports on internal control and compliance. The Medical Center also provides support to various organizations as part of its many local community health program endeavors. Contributions and sponsorships are made to deserving organizations to support Montefiore mission of advancing the health and welfare of the communities that we serve.

Additional Data

Software ID:  
Software Version:  
EIN: 13-1740114  
Name: MONTEFIORE MEDICAL CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Albert Einstein College of Medicine 1300 morris park avenue bronx, NY 10468	13-1624225	501(c)(3)	8,478,818				Contributions/grant subrecipient
Bronx Aids Services Inc 540 E fordham road bronx, NY 10458	13-3599121	501(c)(3)	124,660				grant subrecipient

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
bronx lebanon hospital center 1276 fulton avenue bronx, NY 10456	13-1974191	501(c)(3)	186,775				grant subrecipient
columbia university 630 w 168th street new york, NY 10032	13-5598093	501(c)(3)	32,098				grant subrecipient

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bronx Overall Economic Development 851 Grand Concourse Bronx, NY 10451	13-3079387	501(c)(3)	77,500				Sponsorship
University of California 1855 Folsom Street San Francisco, CA 94143	94-6036493	501(c)(3)	80,000				Grant Subrecipient

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban Health Plan Inc 1515 Southern Blvd Bronx, NY 10460	23-7360305	501(c)(3)	17,500				Sponsorship
Wildlife Conservation Society 2300 Southern Blvd Bronx, NY 10460	13-1740011	501(c)(3)	50,000				Sponsorship



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Primary Care Development Corp 22 Cortlandt St 12th Fl New York, NY 10007	13-3711803	501(c)(3)	10,000				sponsorship
Bronx Children's Museum PO Box 1381 bronx, NY 10451	26-0579140	501(c)(3)	7,500				sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mosholu Preservation Corporation 3400 Reservoir Oval East Bronx, NY 10467	13-3109387	501(c)(3)	24,000				Donation
1199 SEIU Employer Child Care Corp 330 West 42nd St New York, NY 10036	13-1510821	501(c)(3)	7,500				Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Agudath Israel of America 42 Broadway New York, NY 10004	13-5604164	501(c)(3)	15,000				Sponsorship
New York Health Collaborative Inc 40 Worth Street 5th Fl New York, NY 10013	20-8022336	501(c)(3)	25,000				sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Lukes Cornwall Health System 70 Dubois Street Newburgh, NY 12550	22-3026263	501(c)(3)	30,000				Sponsorship
YMCA of Greater New York 2 Castle Hill Avenue Bronx, NY 10473	13-1624228	501(c)(3)	6,000				Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUDSON RIVER HEALTHCARE INC 1037 MAIN STREET PEEKSKILL, NY 10566	13-2828349	501(C)(3)	15,000				SPONSORSHIP
MT VERNON NEIGHBORHOOD HEALTH 107 WEST 4TH STREET MT VERNON, NY 10550	13-3315508	501(C)(3)	7,500				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROMESA FOUNDATION INC 1776 CLAY AVENUE BRONX, NY 10457	13-2663328	501(C)(3)	7,500				SPONSORSHIP
WESTCHESTER COUNTY ASSOCIATION Inc 1133 WESTCHESTER AVE WHITE PLAINS, NY 10604	13-1737011	501(C)(4)	20,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICARE RIGHTS CENTER 520 EIGHTH AVENUE NEW YORK, NY 10018	13-3505372	501(C)(3)	10,000				SPONSORSHIP
Dana-Farber Cancer Institute Inc 450 Brookline Avenue Boston, MA 02115	04-2263040	501(c)(3)	27,368				Grant Subrecipient

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Weill Medical College of Cornell University 1300 York Avenue New York, NY 10065	13-1623978	501(c)(3)	136,911				Grant Subreceptient
SCHOOL NEWS NATIONWIDE INC 490 EAST 28TH STREET BROOKLYN, NY 11226	11-3293868	501(C)(3)	25,000				SPONSORSHIP



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH'S HEALTH FUND 127 SOUTH BROADWAY YONKERS, NY 10701	13-3833645	501(C)(3)	25,000				SPONSORSHIP
ST BARNABAS HOSPITAL 4422 THIRD AVENUE BRONX, NY 10457	13-1740122	501(C)(3)	25,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMORIAL SLOAN KETTERING CANCER CENTER PO BOX 27084 NEW YORK, NY 10087	13-1624082	501(C)(3)	54,348				GRANT SUBRECIPIENT
NEW YORK CITY HEALTH & HOSPITALS CORP 160 WATER STREET NEW YORK, NY 10038	13-4172958	501(C)(3)	377,816				GRANT SUBRECIPIENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF NEW MEXICO 1 UNIV OF NM ALBUQUERQUE, NM 87131	85-6000642	501(C)(3)	8,587				GRANT SUBRECIPIENT
RIVERDALE YM YWHA 5625 ARLINGTON AVENUE BRONX, NY 10471	13-1740507	501(C)(3)	10,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
White Plains Hospital Medical Center 41 East Post Road White Plains, NY 10601	13-1740130	501(c)(3)	39,592,700				Contributions
St Jude Children's Research PO Box 1000 Dept 949 Memphis, TN 38105	62-0646012	501(c)(3)	104,024				Grant Subrecipient

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETH ABRAHAM FOUNDATION 612 ALLERTON AVENUE BRONX, NY 10467	11-3284763	501(C)(3)	6,500				SPONSORSHIP
BRONX HOUSE INC 990 PELHAM PARKWAY SOUTH BRONX, NY 10462	13-1739935	501(C)(3)	10,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGENITAL HEART WALK 3300 HENRY ACENIE PHILADELPHIA, PA 19129	04-3447959	501(c)(3)	8,500				SPONSORSHIP
FIGHT FOR SIGHT INC 381 PARK AVENUE SOUTH NEW YORK, NY 10016	23-7085732	501(c)(3)	9,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF MT VERNON ARTS RECREATION YOUTH PROGRAM 1 ROOSEVELT SQUARE MOUNT VERNON, NY 10550	90-0910967	501(c)(3)	25,000				SPONSORSHIP
GREATER NYC AFFILIATE- SUSAN G KOMEN FR CURE 248 WEST 38TH STREET NEW YORK, NY 10018	91-2049420	501(c)(3)	20,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHCARE INDUSTRY GRANT CORP 330 WEST 42ND STREET NEW YORK, NY 10036	13-4197609	501(c)(3)	35,000				SPONSORSHIP
HERBERT H LEHMAN COLLEGE FOUNDATION 250 BEDFORD PARK BLVD WEST BRONX, NY 10468	13-3150922	501(c)(3)	25,000				SPONSORSHIP



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHIPPS NEIGHBORHOODS 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010	13-2707665	501(c)(3)	50,000				SPONSORSHIP
RENEWAL OF LIFE INC 5904 13TH AVENUE BROOKLYN, NY 11219	90-0772898	501(c)(3)	10,400				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOMOS EL FUTURO INC 90 SOUTH SWAN STREET ALBANY, NY 12210	22-3128393	501(c)(3)	50,000				SPONSORSHIP
THE COUNTY CHAMBER OF COMMERCE INC 800 WESTCHESTER AVENUW RYE BROOK, NY 10573	13-1701636	501(c)(6)	12,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MENTAL HEALTH ASSOCIATION OF NYC 50 BROADWAY 19TH FLOOR NEW YORK, NY 10004	13-2637308	501(C)(3)	7,500				SPONSORSHIP
WINGED FOOT GOLF CLUB FENIMORE ROAD MAMARONECK, NY 10543	13-1737538	501(c)(7)	25,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MICHIGAN 3003 S STATE STREET ANN ARBOR, MI 48109	38-6006309	501(c)(3)	80,000				GRANT SUBRECIPIENT
MONTEFIORE NORTH AMBULATORY CARE CENTER INC 4234 BRONX BLVD BRONX, NY 10466	01-0796859	501(c)(3)	16,560,822				FORGIVENESS OF DEBT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Wisconsin 1111 Highland Avenue Madison, WI 53705	39-1805963	501(c)(3)	20,000				Grant Subreceptient

Schedule J  
(Form 990)

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
MONTEFIORE MEDICAL CENTER

Employer identification number  
13-1740114

Part I Questions Regarding Compensation

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	Yes	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment?		No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization?		No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization?		No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 1a	One officer was provided services of a driver for business purposes and incidental transportation. A portion was included in taxable income. A second officer was provided Car service for business purposes and incidental transportation. The car service costs were included in taxable income. Two officers and one key employee traveled first class as provided for under Medical center policy. All such travel was for Medical Center business purposes, accordingly, the cost of such travel were not included in taxable income.
Part I, Lines 3, 4b & Part II - Columns (B)(i), (ii) and (iii)	The Compensation Committee reviews and approves all forms of compensation and benefits provided to each executive with the assistance of a national independent compensation consulting firm. The consulting firm assists the Compensation Committee with its decision-making process to ensure executive compensation levels are reasonable and appropriate relative to those of other similar organizations. Base salaries in Column B(i) are determined based on competitive market practices for comparable positions with similar sized organizations and scope of responsibilities. Bonus and incentive compensation in Column B(ii) is based on the achievement of performance goals. The executives' compensation program has a significant pay-at-risk component to ensure the alignment of pay and organizational performance. Goals are set in advance in areas such as quality of patient care, patient satisfaction, community services and financial performance. Compensation is at risk if the goals established by the Compensation Committee are not met. Other reportable compensation in column B(iii) includes distributions from the supplemental executive retirement plan. In a manner designed to qualify for the "rebuttable presumption of reasonableness" the Compensation Committee of the Board of Trustees expressly reviewed and approved these retirement benefit arrangements for senior executives in a manner that qualified under the intermediate sanctions rules of the Federal tax law, and in recognition of (a) the executives' years of service to the organization and (b) the significant contributions to enhancing the ability of the organization to achieve its charitable mission in a manner consistent with financial solvency. Accordingly, this benefit should be viewed as applying to years of service for the organization. Steven Safyer, M.D. - Pooled Supplemental Executive Retirement Plan distribution of \$1,309,525 based on over 30 years of service at Montefiore. Supplemental Executive Retirement Plan accrued and unpaid service costs: Christopher Panczner - \$170,726; Philip O. Ozuah, M.D., Ph.D. - \$486,897; Susan Green Lorenzen, RN - \$316,825; Lynn Richmond - \$370,008; Colleen Blye - \$396,934.
Part II - Compensation from related organization	All officers and key employees of Montefiore Medical Center are paid by either Montefiore Medicine Academic Health System, Inc., the parent company of Montefiore Health System, Inc. or Montefiore Health System, Inc., the parent of Montefiore Medical Center. The organization, in turn, reimburses the health systems for its expenses through the membership fees that are assessed for each of the benefitting entities.



Additional Data

Software ID:

Software Version:

EIN: 13-1740114

Name: MONTEFIORE MEDICAL CENTER

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOEL PERLMAN EXEC VP & CFO(resigned 1-6-16)	(i)	0	0	0	0	0	0	0
	(ii)	748,920	483,300	222,034	17,000	-	-	0
						34,654	1,505,908	
1ROBERT MICHLER MD CHAIR-Surg/Cardiothoracic Surg	(i)	3,342,552	11,073	7,584	17,000	34,899	3,413,108	0
	(ii)	0	0	0	0	-	-	0
						0	0	
2RICHARD KRAUT DDS CHAIRMAN-DENTISTRY	(i)	500,704	1,370,776	2,843	17,000	32,104	1,923,427	0
	(ii)	0	0	0	0	-	-	0
						0	0	
3SUSAN GREEN-LORENZEN RN System Senior VP-OPERations	(i)	0	0	0	0	0	0	0
	(ii)	789,754	351,600	22,034	333,825	-	-	0
						33,054	1,530,267	
4Christopher Panczner Senior VP & General Counsel	(i)	0	0	0	0	0	0	0
	(ii)	700,000	320,100	21,554	187,726	-	-	0
						0	1,229,380	
5PHILIP O OZUAH MD PHD Executive VP & COO	(i)	0	0	0	0	0	0	0
	(ii)	1,549,814	806,800	136,022	503,897	-	-	0
						34,195	3,030,728	
6Shalom Kalnicki MD Chairman-Radiation Oncology	(i)	1,102,473	350,000	3,048	17,000	34,281	1,506,802	0
	(ii)	0	0	0	0	-	-	0
						0	0	
7Joseph De Rose MD Dir Min Invasive/Robotic Surg	(i)	1,227,890	326,035	0	17,000	32,088	1,603,013	0
	(ii)	0	0	0	0	-	-	0
						0	0	
8Daniel Goldstein MD Vice Chair-Cardiothoracic Surg	(i)	1,135,911	123,644	552	17,000	2,550	1,279,657	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9Lynn Richmond Executive Vice President	(i)	0	0	0	0	0	0	0
	(ii)	884,855	486,600	21,554	387,008	-	-	0
						33,060	1,813,077	
10STEVEN SAFYER MD PRESIDENT & CEO/EX-OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	1,779,978	1,231,200	1,316,779	17,000	-	-	0
						34,831	4,379,788	
11COLLEEN M BLYE Exec VP & CFO (elected 1/6/16)	(i)	0	0	0	0	0	0	0
	(ii)	938,840	375,000	0	396,934	-	-	0
						32,098	1,742,872	

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
MONTEFIORE MEDICAL CENTER

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number  
13-1740114

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649903ZD6	02-07-2008	134,395,945	REFUND PRIOR ISSUE (5/11/95)		X		X		X
B BUILD NYC RESOURCE CORPORATION	45-4040561	000000000	04-19-2013	93,000,000	FACILITY IMPROVEMENTS		X		X		X
C NEW YORK AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649902V83	10-14-2010	627,406,515	CONSTRUCTION PROJECT		X		X	X	
D DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	000000000	12-29-2015	15,077,593	EQUIPMENT LEASING		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .	53,145,000		10,672,137		200,195,000		2,690,903	
2	Amount of bonds legally defeased . . . . .	0		0		0		0	
3	Total proceeds of issue . . . . .	134,602,903		85,676,529		627,406,515		15,077,593	
4	Gross proceeds in reserve funds . . . . .	34,997,429		8,133,377		0		0	
5	Capitalized interest from proceeds . . . . .	0		754,676		0		0	
6	Proceeds in refunding escrows . . . . .	0		0		0		0	
7	Issuance costs from proceeds . . . . .	1,403,668		592,418		2,822,948		82,911	
8	Credit enhancement from proceeds . . . . .	0		0		0		0	
9	Working capital expenditures from proceeds . . . . .	35,000		0		0		0	
10	Capital expenditures from proceeds . . . . .	4,372,719		83,907,958		619,016,469		14,994,681	
11	Other spent proceeds . . . . .	116,561,516		421,477		5,567,099		0	
12	Other unspent proceeds . . . . .	0		0		0		0	
13	Year of substantial completion . . . . .	1998		2015		2010		2015	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
16	Has the final allocation of proceeds been made? . . . . .	X			X	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

Part III

Private Business Use

				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .				X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .			X			X		X		X

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X			X		X
<b>b</b>	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X			X		X		X
<b>d</b>	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X						
<b>4</b>	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 487 %		0 240 %		0 %		0 %	
<b>5</b>	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 %							
<b>6</b>	Total of lines 4 and 5 . . . . .	0 487 %		0 240 %					
<b>7</b>	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
<b>8a</b>	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b>	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .		X		X		X		X
<b>9</b>	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
<b>2</b>	If "No" to line 1, did the following apply? . . . .								
<b>a</b>	Rebate not due yet? . . . . .		X	X			X		
<b>b</b>	Exception to rebate? . . . . .	X			X		X	X	
<b>c</b>	No rebate due? . . . . .	X			X	X			
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b>	Is the bond issue a variable rate issue? . . . . .		X	X			X		X
<b>4a</b>	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
<b>b</b>	Name of provider . . . . .	MERRILL LYNCH		0		0		0	
<b>c</b>	Term of hedge . . . . .	1550 %							
<b>d</b>	Was the hedge superintegrated? . . . . .		X						
<b>e</b>	Was the hedge terminated? . . . . .	X							

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
<b>b</b> Name of provider . . . . .	DEFFA BANK		0		0		0	
<b>c</b> Term of GIC . . . . .	1650 %							
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .	X							
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X				X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PROCEEDS - PART II, COLUMN A, LINE 3	THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN(E) DUE TO INVESTMENT EARNINGS

Return Reference	Explanation
PROCEEDS - PART II, COLUMN A, LINE 3	THE TOTAL PROCEEDS DO NOT EQUAL THE SUMMATION OF LINE 4-12 DUE TO TRANSFERRED OR REPLACEMENT PROCEEDS IN LINE 4

Return Reference	Explanation
ARBITRAGE - PART IV, COLUMN A, LINE 2C	ISSUER NAME DORMITORY AUTHORITY OF THE STATE OF NEW YORK DATE THE REBATE COMPUTATION WAS PERFORMED COLUMN A 01/31/2013

Return Reference	Explanation
PROCEEDS - PART II, COLUMN B, LINE 3	The total proceeds do not agree to the issue price in Part I, column (e) as this debt was issued on a draw-down basis and the total principal available has not yet been drawn

Return Reference	Explanation
Proceeds - Part II, Column C, Line 3	DASNY'S \$562,510,000 STATE PERSONAL INCOME TAX REVENUE BOND (GENERAL PURPOSE), SERIES 2010E, PROVIDED FINANCING FOR SEVERAL BORROWERS OF THE AMOUNT IN PART II, LINE 3, \$19,400,000 REPRESENTS THE AMOUNT OF THE BOND ORIGINALLY ALLOCATED TO YESHIVA UNIVERSITY IN 2015, MONTEFIORE MEDICAL CENTER ASSUMED THE REMAINING \$16.4 MILLION OF THE DEBT FROM YESHIVA UNIVERSITY



Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
MONTEFIORE MEDICAL CENTER

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number  
13-1740114

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Dormitory Authority of the State of New York	14-6000293	000000000	12-19-2012	24,964,788	Equipment Leasing		X		X		X
B DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	000000000	10-29-2014	32,639,702	EQUIPMENT LEASING		X		X		X
C DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	000000000	12-23-2014	17,899,520	EQUIPMENT LEASING		X		X		X
D DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	000000000	12-12-2013	24,980,927	EQUIPMENT LEASING		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .	19,865,469		7,417,712		4,949,548		14,829,671	
2	Amount of bonds legally defeased . . . . .	0		0		0		0	
3	Total proceeds of issue . . . . .	24,964,788		32,639,702		17,899,520		24,980,927	
4	Gross proceeds in reserve funds . . . . .	0		0		0		0	
5	Capitalized interest from proceeds . . . . .	0		0		0		0	
6	Proceeds in refunding escrows . . . . .	0		0		0		0	
7	Issuance costs from proceeds . . . . .	108,204		73,500		92,993		80,992	
8	Credit enhancement from proceeds . . . . .	0		0		0		0	
9	Working capital expenditures from proceeds . . . . .	0		0		0		0	
10	Capital expenditures from proceeds . . . . .	24,856,584		32,566,202		17,806,527		24,899,935	
11	Other spent proceeds . . . . .	0		0		0		0	
12	Other unspent proceeds . . . . .	0		0		0		0	
13	Year of substantial completion . . . . .	2012		2014		2014		2013	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
16	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X		X		X

**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 %		0 %		0 %		0 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X		X		X
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .								
<b>b</b> Exception to rebate? . . . . .	X		X		X		X	
<b>c</b> No rebate due? . . . . .								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X		X		X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
Attach to Form 990.

Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
MONTEFIORE MEDICAL CENTER

Employer identification number  
13-1740114

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Dormitory Authority of the State of New York	14-6000293	000000000	04-29-2015	59,972,839	IT SYSTEM IMPLEMENTATION		X		X		X
B Dormitory Authority of the State of New York	14-6000293	000000000	12-03-2015	50,095,000	IT SYSTEM IMPLEMENTATION		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	0		0					
2	Amount of bonds legally defeased . . . . .	0		0					
3	Total proceeds of issue . . . . .	59,972,839		50,095,000					
4	Gross proceeds in reserve funds . . . . .	0		0					
5	Capitalized interest from proceeds . . . . .	0		0					
6	Proceeds in refunding escrows . . . . .	0		0					
7	Issuance costs from proceeds . . . . .	101,220		95,000					
8	Credit enhancement from proceeds . . . . .	0		0					
9	Working capital expenditures from proceeds . . . . .	0		0					
10	Capital expenditures from proceeds . . . . .	59,871,619		50,000,000					
11	Other spent proceeds . . . . .	0		0					
12	Other unspent proceeds . . . . .	0		0					
13	Year of substantial completion . . . . .	2015		2015					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X		X				
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X				
16	Has the final allocation of proceeds been made? . . . . .	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X				

**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X				
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	0 %		0 %					
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . .		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X				
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X					

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X				
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .								
<b>b</b> Exception to rebate? . . . . .	X		X					
<b>c</b> No rebate due? . . . . .								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X				
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
<b>b</b> Name of provider . . . . .	0		0					
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b> Name of provider . . . . .	0		0					
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X					

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization MONTEFIORE MEDICAL CENTER	Employer identification number 13-1740114
---	--

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . .				
2 Art—Historical treasures .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . .				
7 Boats and planes . . . .				
8 Intellectual property . . .				
9 Securities—Publicly traded .	X	17	4,703,752	current market value
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests . . . .				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . .				
15 Real estate—Residential .				
16 Real estate—Commercial . .				
17 Real estate—Other . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . .				
20 Drugs and medical supplies .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . .				
23 Scientific specimens . . .				
24 Archeological artifacts . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29
---	----

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II****Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation



**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
~~Internal Revenue Service~~Name of the organization  
MONTEFIORE MEDICAL CENTER**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016****Open to Public  
Inspection**

Employer identification number

13-1740114

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, Line 6	Montefiore Health System, Inc is the sole member of Montefiore Medical Center

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7A	The board of trustees of Montefiore Health System, Inc , the sole member of Montefiore Medical Center, has the authority to appoint the board of trustees of Montefiore Medical Center

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section A, Line 7B	The board of trustees of Montefiore Health System, Inc , the sole member of Montefiore Medical Center, has the authority to approve the operating and capital budgets of Montefiore Medical Center

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11B	THE FORM 990 WAS PREPARED BY THE MONTEFIORE'S FINANCE DEPARTMENT WITH THE ASSISTANCE OF VARIOUS DEPARTMENTS THROUGHOUT THE MEDICAL CENTER THE FORM 990 WAS REVIEWED AND APPROVED BY THE VICE PRESIDENT-FINANCE AND THE MEDICAL CENTER'S SENIOR LEADERSHIP TEAM INCLUDING THE CHIEF FINANCIAL OFFICER IN ADDITION, AN INDEPENDENT ACCOUNTING FIRM WAS ENGAGED TO REVIEW THE FORM 990 UPON COMPLETION OF THE VARIOUS REVIEWS, THE FORM 990 WAS PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW AND APPROVAL ONCE APPROVED BY THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES, THE FORM 990 WAS PROVIDED TO ALL MEMBERS OF MONTEFIORE MEDICAL CENTER'S GOVERNING BODY

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12C	<p>The organization regularly and consistently monitors and enforces compliance with the disclosure policy by means of a survey developed by counsel and approved by the Legal and Compliance Committees of the Board of Trustees. The survey is sent to all trustees, officers and key employees for completion. All survey responses are reviewed by the Compliance Officer. Any potential conflicts identified in the responses are discussed with senior management and/or the Legal and Compliance Committees of the Board of Trustees. Potential actions to be taken in response to a conflict is one or more of the following: 1) disclosure of conflict, 2) individual recusal from decisions for transactions where that individual may have a conflict, 3) request the individual to alleviate the conflict, OR 4) removal of the individual from the board of trustees.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15A & Line 15B	<p>All officers and Key Employees are employed and paid by either Montefiore Medicine Academic Health System, Inc. or Montefiore Health System, Inc., the parent company of Montefiore Health System, Inc. and Montefiore Medical Center, respectively. Montefiore is committed to ensuring that its executive compensation program adheres to the highest standards of regulatory compliance and best corporate governance. The Montefiore Board of Trustees has charged the Compensation Committee of the Board (which is comprised of independent Board members with no conflicts of interest in regards to executive compensation) with making all decisions related to compensation for officers and key employees. All decisions made by the Compensation Committee are appropriately and timely documented in meeting minutes. The compensation committee's review process follows the Intermediate Sanctions guidelines for qualifying for the rebuttable presumption of reasonableness. The Committee retains an independent compensation consultant to assist it with this process. Compensation levels are established considering data for comparable organizations, an assessment of management performance (including the services provided to the community), and other business judgment factors, consistent with Montefiore's executive compensation philosophy. The Committee's decisions are made in the best interest of Montefiore, and are intended to ensure the recruitment and retention of key executive talent, consistent with the market practices of other not-for-profit healthcare organizations of comparable scope, mission and complexity. On an annual basis, the Committee provides the full Board of Trustees with a description of the committee's review and approval process and its decisions.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	The Other change in net assets reduction of \$53,185,988 was due to the following - Affili ate equity transfers (\$64,509,889) - Decrease in defined pension and other postretirement plan liabilities to be recognized in future periods \$6,719,753 - Gain on refinancing of FH A debt \$4,604,148



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
MONTEFIORE MEDICAL CENTER

Employer identification number  
13-1740114

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Montefiore Proton Acquisition LLC 111 East 210th St Bronx, NY 10467 27-3994795	Proton Ther	NY	0	0	mmc
(2) CMO THE CARE MANAGEMENT COMPANY LLC 111 EAST 210TH STREET BRONX, NY 10467 13-3991307	CARE MGMT SER	NY	65,693,474	-38,432,436	MMC
(3) MMC INITIATIVES LLC 111 East 210th Street Bronx, NY 10467 45-3962827	HIV Services	NY	0	0	MMC
(4) MONTEFIORE HUDSON VALLEY COLLABORATIVE 111 EAST 210TH STREET BRONX, NY 10467 47-3389736	Perform Prov	NY	13,337,306	13,826,507	MMC

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity . . . . .

1a Yes

b Gift, grant, or capital contribution to related organization(s) . . . . .

1b Yes

c Gift, grant, or capital contribution from related organization(s) . . . . .

1c

No

d Loans or loan guarantees to or for related organization(s) . . . . .

1d Yes

e Loans or loan guarantees by related organization(s) . . . . .

1e

No

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

No

i Exchange of assets with related organization(s) . . . . .

1i

No

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

1j

No

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

1k Yes

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

1l Yes

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

1m Yes

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

1n

No

o Sharing of paid employees with related organization(s) . . . . .

1o

No

p Reimbursement paid to related organization(s) for expenses . . . . .

1p Yes

q Reimbursement paid by related organization(s) for expenses . . . . .

1q Yes

r Other transfer of cash or property to related organization(s) . . . . .

1r Yes

s Other transfer of cash or property from related organization(s) . . . . .

1s Yes

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2016

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII**   **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:  
Software Version:  
EIN: 13-1740114  
Name: MONTEFIORE MEDICAL CENTER

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1)  111 East 210th street bronx, NY 10467 13-3430322	real estate	NY	501(c)(3)	12A Type I	MMC	Yes	
(1)  3411 Wayne Avenue bronx, NY 10467 91-1943271	staff housing	NY	501(c)(2)		MMC	Yes	
(2)  3450 wayne avenue bronx, NY 10467 23-7160641	staff housing	NY	501(c)(2)		MMC	Yes	
(3)  3400 reservoir oval East bronx, NY 10467 13-3109387	Community Ser	NY	501(c)(3)	12B type II	MMC	Yes	
(4)  200 East Gunhill Road Bronx, NY 10467 13-3734486	diag services	NY	501(c)(3)	12A type I	MMC	Yes	
(5)  555 South Broadway Tarrytown, NY 10591 20-1615393	Support Serv	NY	501(c)(3)	12B type II	MMAHS	Yes	
(6)  4134 Bronx Blvd bronx, NY 10466 01-0796859	amb services	NY	501(c)(3)	3	MHS	Yes	
(7)  16 Guion Place New Rochelle, NY 10801 46-2931956	Hospital	NY	501(c)3	3	MHS	Yes	
(8)  12 North Seventh Avenue Mount Vernon, NY 10550 46-2916938	Hospital	NY	501(c)3	3	MHS	Yes	
(9)  16 Guion Place New Rochelle, NY 10801 46-2929888	Nursing Home	NY	501(c)3	3	MHS	Yes	
(10)  111 EAST 210TH STREET BRONX, NY 10467 47-1600439	Inactive	NY	501(c)(3)	7	MHS	Yes	
(11)  1300 Morris Park Avenue BRONX, NY 10461 47-2209056	Med School	NY	501(C)(3)	2	MMAHS	Yes	
(12)  555 SOUTH BROADWAY TARRYTOWN, NY 10591 47-1582973	Sys Parent	NY	501(C)(3)	12B Type II	NA	Yes	
(13)  160 NORTH MIDLAND AVENUE NYACK, NY 10960 13-1740119	HOSPITAL	NY	501(C)(3)	3	MHS	Yes	
(14)  41 East Post Road White Plains, NY 10601 13-1740130	Hospital	NY	501(c)(3)	3	MHS	Yes	
(15)  1300 Morris Park Avenue Bronx, NY 10461 23-7075620	Staff Housing	NY	501(C)(2)		AECOM	Yes	
(16)  111 East 210th Street Bronx, NY 10467 47-4853506	Rehab Center	NY	501(c)(3)	3	MMC	Yes	
(17)  41 East Post Road Davis Ave White Plains, NY 10601 13-3281507	FUNDRAISING	NY	501(c)(3)	12A TYPE I	WPHMC	Yes	
(18)  160 North Midland Avenue Nyack, NY 10960 13-3245804	FUNDRAISING	NY	501(c)(3)	7	Nyack Hosp	Yes	
(19)  785 Mamaroneck Avenue White Plains, NY 10605 13-1739937	Rehab Hosp	NY	501(c)(3)	3	MHS	Yes	

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21)  70 Dubois Street Newburgh, NY 125504851 14-1340054	Hospital	NY	501(c)(3)	3	MHS	Yes	
(1)  70 Dubois Street Newburgh, NY 125504851 45-2526738	Healthcare	NY	501(c)(3)	12A Type I	SLCH	Yes	
(2)  70 Dubois Street Newburgh, NY 125504851 27-2020746	Healthcare	NY	501(c)(3)	12A Type I	SLCH	Yes	
(3)  70 Dubois Street Newburgh, NY 125504851 22-3026261	Holding Comp	NY	501(c)(3)	12A Type I	MHS	Yes	
(4)  70 Dubois Street Newburgh, NY 125504851 22-3026263	Fundraising	NY	501(c)(3)	7	SLCHS	Yes	
(5)  70 Dubois Street Newburgh, NY 125504851 14-1365995	Asst Living	NY	501(c)(3)	PF	SLCHS	Yes	
(6)  70 Dubois Street Newburgh, NY 125504851 14-1364666	Home for Aged	NY	501(c)(3)	10	SLCHS	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) The Montefiore IPA Inc 111 East 210th street bronx, NY 10467 13-4114915	Integ Provr Assoc	NY	NA	c corp				Yes	
(1) MMC GI Holdings East Inc 111 East 210th street bronx, NY 10467 72-1610013	holding company	NY	NA	c corp				Yes	
(2) MMC GI Holdings West Inc 111 East 210th street bronx, NY 10467 72-1610015	holding company	NY	NA	c corp				Yes	
(3) Montefiore Behavioral Care IPA No 1 inc 111 East 210th street bronx, NY 10467 13-3952750	Integ provr assoc	NY	NA	c corp				Yes	
(4) BRONX ACCOUNTABLE Care Network IPA Inc 111 EAST 210TH STREET BRONX, NY 10467 30-0689571	Integ Provr Assoc	NY	NA	C CORP				Yes	
(5) MONTEFIORE CONSOLIDATED VENTURES INC 111 EAST 210TH STREET BRONX, NY 10467 61-1728539	holding company	NY	MMC	C CORP	3,003	1,887,820	100 000 %	Yes	
(6) MONTEFIORE INSURANCE COMPANY INC 111 EAST 210TH STREET BRONX, NY 10467 32-0436594	Inactive	NY	na	C CORP				Yes	
(7) HUDSON VALLEY IPA INC 111 EAST 210TH STREET BRONX, NY 10467 38-3978087	Inactive	NY	NA	C CORP				Yes	
(8) MONTEFIORE INNOVATIONS INC 111 EAST 210TH STREET BRONX, NY 10467 47-5106910	Inactive	NY	na	C CORP				Yes	
(9) HIGHLAND MEDICAL PC 160 NORTH MIDLAND NYACK, NY 10960 13-4034481	Healthcare Serv	NY	NA	C CORP				Yes	
(10) 8 LONGVIEW DEVELOPMENT CORP DAVIS AVENUE AT EAST POST ROAD WHITE PLAINS, NY 10601 26-3321278	hOUSING	NY	na	c cORP				Yes	
(11) WHITE PLAINS MEDICAL DIAGNOSTIC SERV PC 41 EAST POST ROAD WHITE PLAINS, NY 10601 45-3164626	Healthcare Serv	NY	NA	C CORP				Yes	
(12) CANCER AND BLOOD MEDICAL SERVICES OF NY 41 EAST POST ROAD WHITE PLAINS, NY 10601 46-2021804	Healthcare Serv	NY	NA	C CORP				Yes	
(13) DAVIS AVENUE CORP DAVIS AVENUE AT EAST POST ROAD WHITE PLAINS, NY 10601 13-3331643	Inactive	NY	na	C CORP				Yes	
(14) WHITE PLAINS MANAGEMENT CO INC 41 EAST POST ROAD WHITE PLAINS, NY 10601 13-3331641	Inactive	NY	na	C CORP				Yes	



**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) WPHC BUILDING CORP 41 EAST POST ROAD WHITE PLAINS, NY 10601 13-3676932	Inactive	NY	NA	C CORP				Yes	
(1) UNIVERSITY BEHAVIORAL ASSOCIATES INC 111 EAST 210TH STREET BRONX, NY 10467 13-3877781	MANAGEMENT SERV	NY	NA	C CORP				Yes	
(2) White Plains Medical Services Davis Avenue at East Post Road White Plains, NY 10601 81-5369152	Healthcare Serv	NY	na	C Corp				Yes	
(3) White Plains Physician Services Davis Avenue at East Post Road White Plains, NY 10601 81-5309615	Healthcare Serv	NY	na	c corp				Yes	
(4) Charitable Remainder Trust (5)	Char Remr Trust	NY	na	Trust				Yes	
(5) SLCH Corporation 70 Dubois Street Newburgh, NY 122504851 14-1765661	Inactive	NY	na	c corp				Yes	

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization		<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	The Montefiore IPA Inc	L	241,544,446	cost
<b>(1)</b>	MONTEFIORE BEHAVIORAL CARE IPA NO 1 INC	L	4,518,599	cost
<b>(2)</b>	GUNHILL MRI PC	L	5,017,119	cost
<b>(3)</b>	MMC RESIDENTIAL CORP NO 1 INC	L	61,515	cost
<b>(4)</b>	MONTEFIORE HOSPITAL HOUSING SECTION II INC	L	175,400	cost
<b>(5)</b>	MONTEFIORE NORTH AMBULATORY CARE CENTER INC	L	1,265,899	COST
<b>(6)</b>	MMC CORPORATION	K	7,650,000	cost
<b>(7)</b>	MONTEFIORE HOSPITAL HOUSING SECTION II INC	K	110,595	cost
<b>(8)</b>	MMC RESIDENTIAL CORP NO 1 INC	K	2,489,000	cost
<b>(9)</b>	MOSHOLU PRESERVATION CORPORATION	Q	582,126	cost
<b>(10)</b>	GUNHILL MRI PC	Q	2,193,793	cost
<b>(11)</b>	MMC RESIDENTIAL CORP NO 1 INC	Q	412,840	cost
<b>(12)</b>	MONTEFIORE HOSPITAL HOUSING SECTION II INC	Q	883,848	cost
<b>(13)</b>	MONTEFIORE NORTH AMBULATORY CARE CENTER INC	Q	6,517,389	cost
<b>(14)</b>	MMC GI HOLDINGS EAST INC	Q	417,995	cost
<b>(15)</b>	MMC GI HOLDINGS WEST INC	Q	467,857	cost
<b>(16)</b>	UNIVERSITY BEHAVIORAL ASSOCIATES Inc	Q	8,595,024	cost
<b>(17)</b>	BRONX ACCOUNTABLE CARE NETWORK IPA INC	Q	11,812,200	COST
<b>(18)</b>	MONTEFIORE NORTH AMBULATORY CARE CENTER INC	R	16,560,822	cost
<b>(19)</b>	BRONX ACCOUNTABLE CARE NETWORK IPA INC	S	222,588	cost
<b>(20)</b>	MONTEFIORE NEW ROCHELLE HOSPITAL	L	6,607,595	COST
<b>(21)</b>	MONTEFIORE MOUNT VERNON HOSPITAL	L	2,684,523	COST
<b>(22)</b>	SCHAFER EXTENDED CARE CENTER	L	1,017,566	COST
<b>(23)</b>	MONTEFIORE CERC OPERATIONS INC	Q	7,684,723	COST
<b>(24)</b>	MONTEFIORE NEW ROCHELLE HOSPITAL	Q	383,463	COST

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization		<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(26)</b>	MONTEFIORE MOUNT VERNON HOSPITAL	Q	535,768	COST
<b>(1)</b>	WHITE PLAINS HOSPITAL MEDICAL CENTER	B	39,592,700	COST
<b>(2)</b>	Montefiore Medicine Academic Health System	M	25,528,275	COST
<b>(3)</b>	MONTEFIORE HEALTH SYSTEM INC	A	5,929,672	COST
<b>(4)</b>	MONTEFIORE HEALTH SYSTEM INC	D	12,677,609	COST
<b>(5)</b>	MONTEFIORE HEALTH SYSTEM INC	L	7,180,821	COST
<b>(6)</b>	MONTEFIORE HEALTH SYSTEM INC	M	112,336,585	COST
<b>(7)</b>	MONTEFIORE HEALTH SYSTEM INC	P	418,000	COST
<b>(8)</b>	MONTEFIORE HEALTH SYSTEM INC	Q	4,440,457	COST
<b>(9)</b>	MONTEFIORE HEALTH SYSTEM INC	R	9,396,127	COST
<b>(10)</b>	MONTEFIORE HEALTH SYSTEM INC	S	6,290,016	COST
<b>(11)</b>	ALBERT EINSTEIN COLLEGE OF MEDICINE INC	B	8,356,366	COST
<b>(12)</b>	ALBERT EINSTEIN COLLEGE OF MEDICINE INC	L	85,200	COST
<b>(13)</b>	ALBERT EINSTEIN COLLEGE OF MEDICINE INC	Q	16,956,332	COST
<b>(14)</b>	ALBERT EINSTEIN COLLEGE OF MEDICINE	R	4,553,496	COST
<b>(15)</b>	MONTEFIORE MEDICINE ACADEMIC HEALTH SYSTEM	Q	6,778,992	COST
<b>(16)</b>	MONTEFIORE MEDICINE ACADEMIC HEALTH SYSTEM	R	22,697,428	COST
<b>(17)</b>	AECOM STAFF HOUSING COMPANY INC	P	294,067	COST
<b>(18)</b>	ALBERT EINSTEIN COLLEGE OF MEDICINE INC	M	2,300,004	COST
<b>(19)</b>	ALBERT EINSTEIN COLLEGE OF MEDICINE INC	K	1,017,230	COST
<b>(20)</b>	ALBERT EINSTEIN COLLEGE OF MEDICINE INC	P	25,388,199	COST